

**Volume I:  
Research Component**

**Adolescents in Foster Care: Exploring their Involvement in  
Foster Placement Success**

**By**

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## Overview

This Thesis is submitted to The University of Birmingham in partial fulfilment for the degree of Doctorate in Clinical Psychology.

Volume I, the research component, comprises of a literature review, an empirical paper and a public domain paper. The literature review examines the area of Life-story Work which is currently implemented in the care of Looked After children, and critically reviews the McAdams Life-story Model with regard to evidence for its conceptual framework. The empirical paper examines the factors that contribute to foster placement success for adolescents in foster care. It specifically looks at a young person's relationship with their foster carer, their level of resilience, self-esteem, and pro-social behaviour in relation placement success. These papers have been prepared for submission to the journal *Child Development*. The public domain briefing paper briefly outlines the findings from the literature review and the empirical paper.

Volume II contains five clinical practice reports that were produced as part of the assessment of clinical component of the Doctorate in Clinical Psychology and are entitled:

1. Clinical Practice Report 1 (Psychological Models): The Case of a 54-year-old woman presenting with Depression – Formulating from Cognitive and Psychodynamic Perspectives.

2. Clinical Practice Report 2 (Single Case Experimental Design): Cognitive Behavioural Therapy with a 29-year-old man diagnosed with Obsessive Compulsive Disorder
3. Clinical Practice Report 3 (Small Scale Service Related Project): An Evaluation of Service User concerns regarding their involvement in their Local Partnership Board: A Qualitative Exploration.
4. Clinical Practice Report 4 (Case Study): A Case Study of a 74-year-old man presenting with Depression and Anxiety.
5. Clinical Practice Report 5 (Oral Presentation): A Case Study of a 13-year-old girl presenting with Health-related Anxiety

Names and identifying details were changed to ensure full confidentiality.

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## **Literature Review**

**Life-story Work with Children in Care: What does the McAdams model tell us  
about life stories?**

**A Critical Review of the Life-story Model**

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## **Abstract**

Life-story work (LSW) is a therapeutic technique frequently employed with young people in care. The idea that it helps a young person make sense of who they are and where they came from (Ryan & Walker, 2003), has led to its implementation being recognised as a minimum standard within social care (BAAF, 2008). However, despite this acceptance, no research has directly explored the benefits of LSW with looked after and adopted children. This review aims to explore the area of LSW further by critically examining a substantive conceptual life-story model by McAdams (2001, 2009), which proposed a developmental framework through which the life-story is created. An extensive search of up-to-date literature and research based upon the key concepts of this model generated 35 articles. These were used to review and examine the model with regard to its proposed developmental processes. Overall the McAdams model makes a convincing case for the developmental processes that take place in childhood and adolescence as contributing to the developing self and paving the way for the emergence of the life-story. The concepts appear to be supported by literature and theory, however such findings are not without limitations and a lack of actual empirical evidence is identified. With regard to this, future directions for research are highlighted. Findings in relation to the model are scrutinized with regard to the clinical application of LSW with looked after children, and suggestions made for future clinical practice.

## Introduction

Life-story work (LSW) is a therapeutic technique frequently employed with children and young people within the realms of fostering and adoption services. It is defined as a creative process where the story of a young person's life is constructed, including information on their family, their past, and their journey through the care system. This is said to help the young person make sense of who they are and to create opportunities for therapeutic reflection (Rose & Philpot, 2005; Ryan & Walker, 2003). The importance of reflecting upon a child's history and significant life events is emphasised within Fostering Service standards (DoH, 2002) and the Adoption and Children Act (HMSO, 2002). This has led to the British Association for Adoption and Fostering (BAAF) suggesting that the completion of LSW should be included as a minimum standard within statutory care plans, and that the quality of this work should be taken as a national performance indicator for Children's Services. They suggest that LSW is vital in helping a young person in care to make sense of their past experiences and enable them to move forward in life (BAAF, 2008). As such, LSW makes an important contribution to children achieving emotional wellbeing, one of the core outcomes set out in the Government's *Every Child Matters* targets (DfES, 2004).

With the extensive literature suggesting that a higher rate of mental health difficulties exist within the looked-after child population (Dimigen, Del Priore, & Butler, 1999; McCann, James, Wilson, & Dunn, 1996; Melzer, Corbin, Gatward, Goodman, & Ford, 2003), an intervention which promotes emotional wellbeing has understandably been given a fairly central role in care planning (Mennon & O'Keefe, 2005).

However, despite its acceptance within the context of social care, no research has directly explored the supposed mental health benefits of LSW with looked after and adopted children. This review therefore aims to explore the area of LSW further by critically examining the conceptual ideas that underpin it as an approach. Findings will be scrutinized with regard to their clinical application with looked after children, and future directions for research considered.

### *What is LSW?*

LSW emerged in an era when social work was heavily influenced by psychodynamic theory, and its theoretical origins can be located in attachment theory (Baynes, 2008). It has been widely accepted within the field of social care as a therapeutic process through which children growing up in substitute families can create a narrative of their life experiences, to help them to develop a more unified sense of self (Ryan & Walker, 2003). Although LSW usually results in the development of a life-story book (O'Malley, 2006), proponents of this approach insist that it is the process rather than the product which benefits the child most (Baynes, 2008). Ryan and Walker (2007) suggest that LSW can help to answer key questions about a young person's identity such as 'who am I?', 'how did I get here?' and 'where am I going?'. Thus, by pulling together the facts about a child's life and the significant events and people in it, a young person can be helped to understand and accept adverse past experiences, understand their feelings towards them, form a positive identity and move forward into adulthood as a more resilient person (Ryan & Walker, 1999). Atkinson (1998) also proposes that from a social sense, life-story sharing allows experiences to be affirmed, validated and supported in relation to those around us.

However, despite the aforementioned benefits of LSW and its acceptance in social care, little is known regarding its underlying processes. Cook-Cottone and Beck (2007) attempted to examine this with the suggestion that life-story creation involves the integration of a child's internal processes, as well as the relationships and values within the family, community, and culture in which they have grown and developed. However, their exploration draws only upon limited supported literature, and does not offer further elaboration on the underlying processes.

In addition to this, research is also greatly lacking with regard to the effectiveness of LSW in practice. Only three studies have explored its use with looked after and adopted children, and these have contained numerous limitations that have rendered the results largely inconclusive. Such findings have suggested that families asked to undertake LSW find it overwhelming, with little background information provided and limited support offered (Brookfield, Brown, & Reavey, 2008). A qualitative study (Fitzhardinge, 2008) found that sharing life stories helped to create a sense of unity and acceptance, however it provided little evidence to support its use in improving outcomes for looked after and adopted children. Additionally research has found that young people's experiences of LSW varies greatly, from the format that the work takes (pre-printed books, diaries, memory boxes) to the involvement of their LSW facilitator, which impacts upon the amount of discussion and reflection available (Willis & Holland, 2009). Also despite the authors' suggestion that participants expressed positive feelings regarding the work, many children reported the whole process tedious and dull. The scarce research into this area is hugely limited by small sample sizes and lack of methodological rigour. They offer little insight into the

efficacy of life-story work for the children and families involved, and suggest that the process can on the whole be arduous, with little reward at the end. Additionally, the varied form of LSW makes it difficult to generalise the findings about how it is experienced, and the lack of a specific structure renders any attempt to measure its effectiveness a much more complex task.

Therefore to date, there is no conclusive research to support the effectiveness of life-story work, and no robust methods or measureable outcomes for evaluating the quality of work in this area (Baynes, 2008). The scarce evidence examining life-story work could be related to the lack of clarity surrounding its concepts, and the limited understanding of the underlying process of how life-story work helps to create a unified sense of self.

#### *A life-story model*

The concept of the life-story has been most extensively addressed by McAdams (2001, 2009), who has produced a conceptual model in an attempt to explain how the life-story organises and forms a coherent sense of self. He proposes that the evolving life-story contains autobiographical narratives which narrate a person's past, present and anticipated future. These become internalised to form a narrative identity, which configures a person in terms of who they are and where they are going at a particular point in their life. Therefore a narrative identity is both an internalised, evolving life-story, and an evolving story of the self which provides meaning and purpose.

McAdams (2001, 2009) proposes that in modern society, people begin to work on their narrative identities in late adolescence and young adulthood, a period termed ‘emerging adulthood’ (Arnett, 2000). During this time, they are challenged to explore the many adult roles which society offers, before eventually committing themselves to a more stable, unified self. McAdams (2001, 2009) acknowledges that this narrated identity does not appear from nowhere; he presents a developmental framework which uses literature and research to briefly describe how the ‘building blocks’ for this process are laid in place. This review aims to explore these areas further and investigate how they interrelate to lead to the emergence of the life-story. This is the most substantive conceptual framework underpinning LSW, and its clinical implementation, and as a consequence, its claims form the primary focus of this review.

This developmental framework is presented in Figure 1 and illustrates the key components that take place from childhood to adulthood, and which allow the life-story to develop, according to McAdams’ model. The review’s structure follows this framework.



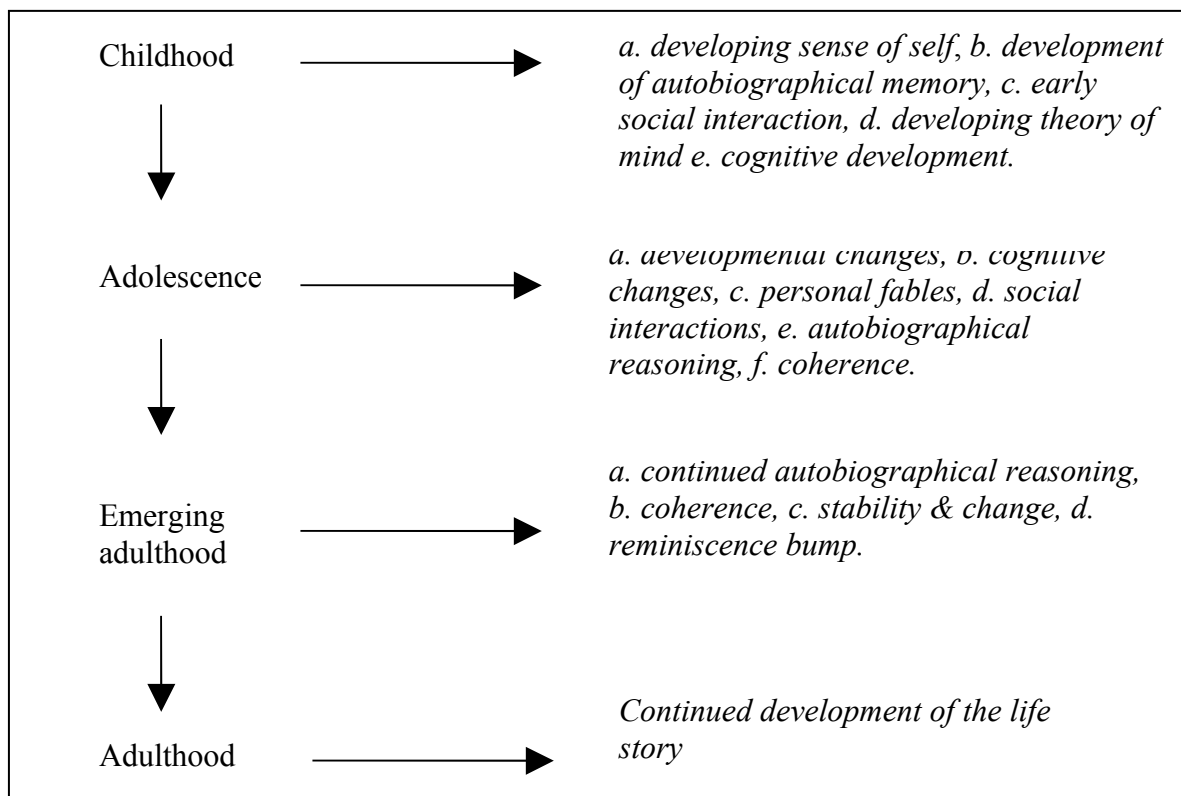


Figure 1. Developmental framework of the McAdams model (McAdams 2001, 2009)

#### *Aims of this review*

The aims of this paper are:

1. To critically review the McAdams model by using up-to-date literature and research to explore the evidence for its conceptual framework, and to review how this framework explains the development of the life-story.
2. To examine and discuss these findings with regard to the current practice of life-story work within the looked after child field, and to highlight clinical implications.

## **Method**

McAdams (2001, 2009) briefly ties existing theory into his model but does not elaborate or explore these areas in detail; in addition the literature he does use is often dated. It is also unclear as to whether any research exists that negates areas of the model as no previous review has been conducted. Therefore the key concepts that underlie the McAdams model and constitute its developmental framework will be used as search terms, so that the most up-to-date existing literature will be accessed with which to review the McAdams model.

The search terms were chosen based upon the conceptual ideas of the model and its developmental framework (presented in Figure 1), as well as more specific terms related to these areas. A full list of the search terms used can be seen in Appendix 2. These search terms were entered onto 6 databases (PsychInfo, Web of science, ASSIA, CINAHL, Psycharticles, and Social services abstracts) and combined to produce papers for the review.

### *Inclusion and Exclusion Criteria*

The searches were limited by applying the following inclusion criteria:

- Journals published between 1990 – 2010
- Peer reviewed journals
- English language journals

The initial search yielded 332 articles. After removing those which were duplicated between databases, those that were not relevant to the review area or developmental

framework, and those that were published before 1990<sup>1</sup> or unpublished, 28 articles remained. The reference lists of these were checked for relevant articles, and 10 further articles were identified. This process was continued until no further articles were identified (see Figure 2). This generated 35 papers for the review. Appendix 3 presents a brief overview of these papers, which lists the type of paper (e.g. review article, empirical research), where it fits within the developmental framework, and, in a broad sense, whether it supports the model.

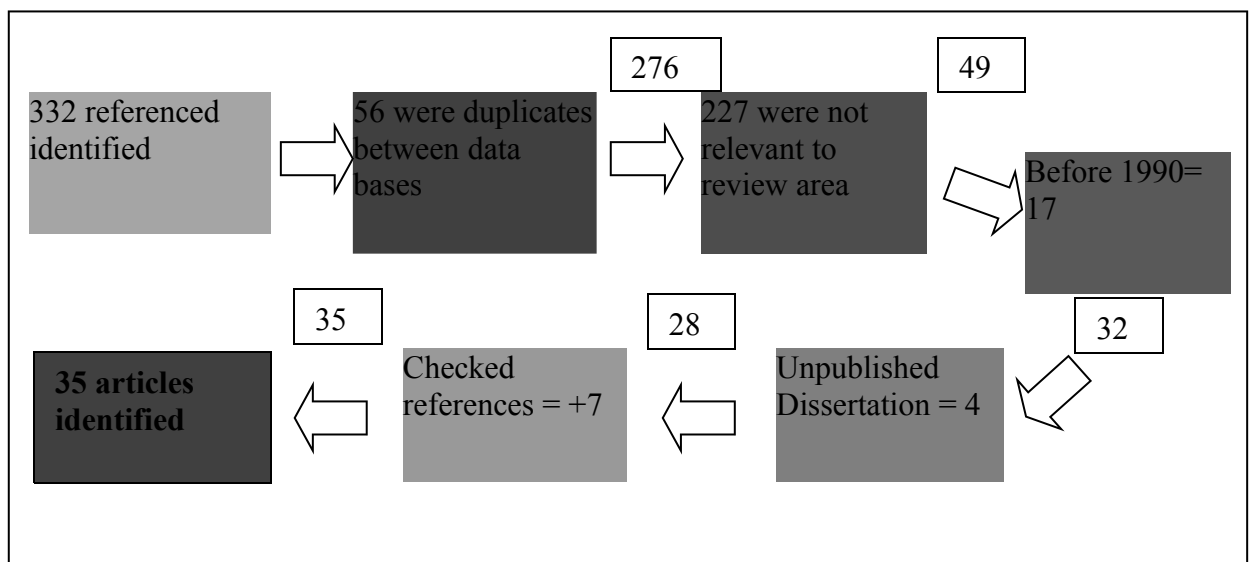


Figure 2. Process of identifying relevant articles.

## Results

<sup>1</sup> Due to the large number of papers produced it was decided to limit the search to papers published between 1990 to 2010. This period was chosen so that the most recent research was gained but also, in areas where little recent research has been conducted, papers could still be obtained.

From the search strategy, journal papers were found that related to the concepts and framework of the McAdams model. This review will now explore the McAdams model by taking each developmental stage in turn and reviewing it in relation to existing literature. The aim of the review is to provide a critical overview of the model with regard to how it fits within the existing research, and whether the processes that McAdams (2001, 2009) includes within his model (see Figure 1) make sense to the emergence of the life-story and the development of identity.

### **1. The development of the life-story in childhood**

McAdams (2001, 2009) proposes that the life-story is a developmental process. The stages outlined in Figure 1 will be systematically examined here. It may not start to materialise until emerging adulthood, but the ability to tell stories and create a sense of self starts to appear and develop through childhood. During this period, the necessary foundations for the life-story are put into place and the raw materials necessary for narrative identity are developed. These fundamental pre-requisites include a developing awareness of self, and the manifestation of autobiographical memory, which start to develop and emerge within the context of early social relationships.

#### *a. A developing sense of self*

McAdams (2001, 2009) suggests that the attachment relationship between child and caregiver is at the very heart of the development of the self and storytelling abilities. Relating this notion to the work of Bowlby (1990), he explains that through interactions with their caregiver, a child begins to understand their own emotions and

those of others, and starts to develop an understanding of their self and others as separate beings. Although McAdams (2001, 2009) acknowledges the importance of such a relationship, he does not elaborate upon the process of attachment in any further detail. He instead moves on to explain that interactions with others allow the young infant to understand human intention, so that by the time of their first birthday they will behave in ways that suggest that they understand the intentions of others. Extensive research in this area has been conducted by Tomasello, Carpenter, Call, Behne and Moll (2005), who found that infants would reproduce intentional behaviours shown by adults at a much higher rate than random behaviours. This research suggests that, from the age of one, the ability to understand the intentions of others starts to develop and aids further social interaction. The developing sense of self and the understanding of intentions are said to be critical for the later development of Theory of Mind (ToM) (Wellman, Cross, & Watson, 2001). This area is explored in further detail later on during this childhood stage in *section d*.

McAdams (2001, 2009) proposes that this understanding of intention is of prime importance in the development of narratives and storytelling, because virtually all stories contain characters who act upon their intentions. Stories like this reflect the goal-directed behaviour which humans utilise in life to accomplish goals. Thus McAdams (2001, 2009) proposes that understanding of intention needs to be developed before the basics of storytelling and understanding can occur. So far as I am aware, no evidence exists which suggests that intention needs to be first understood in order for storytelling to occur, but research by Kuhlmeier, Wynn and Bloom (2003) suggests that, by the age of one, children understand that characters in a

story act in accordance with goals, and that this applies to humans in life. However, although this understanding has started to develop, it is not until the child is a year older that they first start to show such goal directed intentions themselves (Tomasello, et al., 2005). First, McAdams (2001, 2009) suggests, the development of a sense of self must start, where the infant begins to see themselves as an individual and as separate from their caregivers. Research suggests that this develops at approximately 18 months of age through the onset of visual self-recognition and self-related talk using terms such as ‘me’ (Courage & Howe, 2002). Extensive developmental research has provided conclusive evidence that around this age, young infants can recognise themselves as reflections in mirrors and begin to understand that their physical self is continuous in time and that they are autonomous individuals (Courage & Howe, 2002). Such research has involved the infant responding to a spot of rouge that had been covertly applied to their nose after spotting this on their reflection in the mirror. This ‘objective’ sense of self, in which the child is aware of their body and features, continues to evolve (Lewis, 1991). With the start of language development, a ‘verbal self’ is also created, which allows the child to talk about their self in more sophisticated ways and to express who they are (Howe & Courage, 1997).

McAdams (2001, 2009) continues to draw upon the developmental literature, which proposes that within the infant’s second year of life, their understanding of themselves and others as intentional beings with distinct feelings and experiences becomes further established in the development of a ‘subjective self’. This means that the infant is now aware of themselves as a thinker, a causal agent, who is now able to put their intentions across through interactions with others (Lewis, 1991). The McAdams

(2001, 2009) model incorporates these developmental processes to show that during this stage a child is now becoming aware of their self, the intentions of others, and is able to express themselves and their intentions through interaction with others.

*b. Development of autobiographical memory*

Following from the developing sense of self, the next important process that develops in childhood is autobiographical memory. These are ‘personally experienced events which are relevant to one’s sense of self’ (e.g. see Howe, Courage, & Edison, 2003). McAdams (2001, 2009) regards autobiographical memory as essential, because it provides a structure for the later emergence of the life-story. Such memories have been observed as emerging around the ages of 2 and 4 years old. They allow a child to develop and talk about an ‘autobiographical self’ (Howe & Courage, 1997). This means that they can remember and tell little anecdotes about things that have happened to them, and portray their intention within their story, such as wanting an ice-cream whilst on a trip to the seaside.

Autobiographical memories form within a social context. Research indicates that conversations between a parent and child may help a child to remember and reflect upon past events, and to structure their memories in the form of stories (Fivush & Nelson, 2006). In this way, meaning is attached to memories, and the basic structure of stories and storytelling is learnt (Fivush & Nelson, 2006). The caregiver’s role in the co-construction of first autobiographical memories is important because it allows the memory to be processed. The child learns about the social value and meaning of

experience, as well as which experiences are more important to remember (DeSocio, 2005).

Literature suggests that the reminiscing relationship helps to develop a child's cognitive processing in terms of their memory, how the past relates to the present, and understanding self as a psychological entity over time (Fivush & Nelson, 2006). As children also start to realise that sharing personal memories facilitates social bonding, personal memories start to have more value and therefore get talked about more. Nelson (1993) suggests that social bonding with others underlies the development of autobiographical memory. The sharing of personal experiences functions as a major mechanism of socialisation and helps to build and organise a child's personal history from a growing base of autobiographical memories. Such interactions allow children to develop skills at constructing narratives about the self. These often take the form of short stories which contain the structure, grammar, and key ingredients such as characters and a plot (Habermas & Bluck, 2000; Harter, 1999; McAdams, 2001, 2009). McAdams (2001, 2009) suggests that early autobiographical memory provides the basic structure for the evolving life-story process, and that the social context allows children to talk about significant early memories in relation to their growing sense of self. The development of a sense of self is critical for autobiographical memory (Howe & Courage, 1997). Changes in both linguistic and social cognitive ability also help with the development of social interaction, which can provide an expressive outlet for these memories (Howe & Courage, 1997; Howe, Courage & Edison, 2003).



*c. Early social interaction*

In early development, the key processes take place within the context of social interaction, which McAdams (2001, 2009) states is crucial for allowing a sense of self, autobiographical memory, narrative skill and storytelling to develop. All of these must develop as precursors to the life-story. Research in this area suggests that early relationships are important for the development of memory, narration, and a sense of self.

With regard to memory, Jack, MacDonald, Reese and Hayne (2009) found that a child's ability to remember events and take part in reminiscing was dependent upon the skills of their caregivers. Their findings suggest that children who had mothers who used elaborate questioning when talking about day-to-day events also remembered more details regarding those events, and participated more in conversations. However, as the mothers had, on average, two years of further education beyond high school, and were from middle-class backgrounds, the relevance of their intelligence needs to be taken into account with regard to such findings.

Similar effects were reported with a study which trained mothers to use an elaborative reminiscing style with their children when talking about past events (Reese & Newcombe, 2007). One year later, children of trained mothers were still using longer event narratives, containing more contextual information, than the children of untrained mothers. This suggests that such elaborative talk may play a role in the

encoding of an event for children and that drawing attention to the details may help to further develop the narratives surrounding that memory (McGuigan & Salmon, 2004).

Research conducted by Harley and Reese (1999) found evidence that both parental reminiscing style and a child's self-recognition were strong and unique predictors of a child's early ability to talk about the past. However this research relied on relatively small samples, and the fact that the accuracy of the children's memories often depended upon their mother's judgement. Other research has also uncovered a positive correlation between parent-child reminiscing and early aspects of the child's developing concept of self, self-esteem and self-recognition (Reese, Bird, & Tripp, 2007).

Also exploring sense of self, Bird and Reese (2006) reported that parental explanation of negative emotions relating to past events was positively related to the consistency of children's self-concepts. This suggests that talking about negative emotions may help children to develop a sense of their strengths and weaknesses, and contribute to a more positive self view. They also reported that parent's explanations and confirmations during conversations regarding positive events were uniquely linked to children's self-esteem. However, Reese, Bird and Tripp (2007) reveal that although such findings make conceptual sense, the presence of additional unmeasured variables (e.g. parent's education level, strength of relationships) cannot be ruled out and therefore such results need to be interpreted with caution.

Overall, it would seem that the interaction between child and caregiver is important in the child's development of memories and their evolving sense of self, which McAdams states are crucial for the emergence of the life-story. However the available evidence is not without its limitations, with the majority of these studies using small sample sizes (Bird & Reese, 2006; Harley & Reese, 1999; Jack, et al., 2009; Reese, Bird & Tripp, 2007) and so this conclusion is tentative.

*d. Developing theory of mind*

Whilst discussing this developing sense of self, McAdams (2001, 2009) briefly considers the development of theory of mind (ToM). Research suggests that an awareness of self and an understanding of intentions bring with them the knowledge that others have different motives and interests (Fonagy & Target, 1997). Together these are critical precursors to the development of ToM. This ability helps children to make sense of and predict the behaviour of others (Wellman, Cross, & Watson, 2001). Within the developmental literature, ToM is said to have developed by the age of 4 (Lind & Bowler, 2009), and this ability to predict and interpret the actions of others is felt to be critical for effective social interaction. In fact, McAdams (2001) suggests that children who do not possess this ability are unable to fully understand the intentions of others, and are also unable to apply this understanding to their self. He relates this to a corresponding failure to develop logical narratives of the self.

Although McAdams (2001, 2009) only briefly touches upon the area of ToM within his model, his notion that a deficit in this area of thinking can result in a inability to form self-narratives has implications for children with autism, with clinical and

research evidence suggesting such children lack ToM abilities (Hobson & Meyer, 2005) McAdams' perspective suggests that individuals who lack ToM abilities do not have the necessary tools for self-reflection and therefore cannot fully create a life-story. Growing research within this area seems to suggest that individuals with autism find it difficult to reflect on the self and in applying perspective-taking abilities to their own mental states (Frith & Happe, 1999). Neuro-imaging studies report that areas of the brain important for self-reflection are less active in people with autism when they are asked to think about and make judgements regarding the self (Lombardo, et al., 2009). However research does also exist which suggests that ToM would be better explained on a continuum, as some individuals with autism display different levels of ability rather than a distinct absence or presence (Lind & Bowler, 2009). Thus, the distinction may be less clear-cut in relation to the life-story development of young people with autism. As research suggests that ToM abilities enable understanding of the self and others, and facilitate social interaction, and such processes have already been deemed important for autobiographical memory (Kleinknecht & Beike, 2004), it may seem that McAdam's (2001, 2009) proposal that such perspective-taking abilities are needed for the emerging life-story is plausible.

However, it can also be argued that it may be possible for a person to develop a life-story and be able to tell it, but still lack the reflective capacity to fully understand how the events in that story have moulded the self. Therefore until further research is conducted, a direct link between ToM and life-story development remains ambiguous.

*e. Cognitive development*

From the age of six, children's understanding of their own and others' intentions become increasingly established (Lewis, 1991).. McAdams (2001) states that they develop more purposeful and goal-directed behaviours. Such behaviours allow children to focus on what they want in certain situations, making connections between self, intentions, and events in life. McAdams (2001, 2009) views this as important to the future formation of the life-story because it allows them to focus on what they want in life at the present time. The concrete operations stage of cognitive development, which occurs during this time, allows children to understand the consistent relationships between objects and concepts in the world and their thinking becomes governed by rules (Piaget, 1958, as cited in Johnson, Munakata, & Gilmore, 2002).

It is key to the McAdams model that the life-story does not start to appear until emerging adulthood. This is due to the fact that before this time, children can think logically regarding the past and the present but have difficulty in thinking abstractly and hypothetically about their future (McAdams, 2001, 2009).

Additionally McAdams (2001, 2009) suggests that they do not yet possess the tools needed to create a coherent life-story. Research suggests that individuals need four types of global coherence in order to successfully narrate and organise a coherent life-story (Bohn & Berntsen, 2008; Habermas & Bluck, 2000; Habermas, Ehlert-Lerche & De Silveira, 2009). These are temporal, cultural, causal, and thematic coherence, and research suggests that they develop at different times during an individual's life but

that all must be present for the life-story to emerge (Habermas & Bluck, 2000). Their presence within the life-story narrative suggest that it is coherent with regard to the structure of life events and cultural norms, and that it contains important themes for the individual, characteristics of the self and an understanding of personal change and reflection (Habermas & Bluck, 2000).

Studies within this area suggest that during the stage of childhood, temporal coherence starts to develop in a basic form. This is the ability to produce a narrative that consists of an ordered sequence of events, and the relation between these events. During childhood, a basic temporal coherence can be observed in children's talk, which applies mainly to the structure of single autobiographical events rather than to connections between different events in one's life (Habermas & Bluck, 2000; Habermas, Ehlert-Lerche & De Silveira, 2009). Research comparing life narratives of children and young adults found that temporal coherence was absent before the age of 8, increased the most between the ages of 8 and 12, and continued to steadily increase and mature with age (Habermas and De Silveira, 2008). This suggests that temporal coherence could be a necessary precursor to the development of a coherent life-story. However it is important to note that this form of coherence does become more elaborate with age, with 16 to 25-year olds making more links between events than the younger age groups.

A limited body of research has also suggested that cultural coherence starts to develop and is present in the narratives of older children. This type of coherence is the ability to include events and norms that are appropriate to one's culture within narratives

(Habermas & Bluck, 2000). Eleven-year-olds were found to use this form of coherence when reporting single accounts of unconnected events, but 19-year olds were observed using a more sophisticated version that allowed them to connect life events within a biographical structure (Habermas & Bluck, 2000).

While this research shows that cultural coherence increases with age, the few studies conducted are limited by small sample sizes (Habermas & Bluck, 2000). That said, the search strategy revealed no evidence for the more cognitively-sophisticated forms of coherence (causal and thematic) being present within the childhood period. According to McAdams, this would suggest that a fully coherent life-story cannot yet be produced. Research within this area has demonstrated that the four forms of coherence do appear and become more sophisticated with age, which may well be critical precursors to a coherent life-story. However no research has questioned whether only four forms of coherence exist, and whether it is in fact possible to produce a life-story without them present. Additionally although all forms of coherence are not present at this stage of life, no research has directly investigated whether people can produce a life-story before the critical 'emerging adulthood' stage. Therefore at present the link of these precursors to the life-story remains a theoretical one.

#### *f. Summary*

The McAdams model seems to make a convincing case for the developmental processes that take place in childhood as paving the way for the emergence of the life-story in late adolescence. His ideas that early relationships, sense of self,

autobiographical memory, social interaction, theory of mind, and cognitive development all relate and contribute to the developing self and early basic structure of the life-story seem to make logical sense, and are backed up by literature and theory within the childhood development field. Although such findings are not without limitations and often actual empirical evidence, the conceptual ideas behind this early stage of life-story development appear sound.

The review will now move on to explore how McAdams suggests these developments continue and evolve during the stage of adolescence and lead closer to the emergence of the life-story.

## **2. The development of the life-story in adolescence (12 to 16)**

McAdams (2001, 2009) proposes that the developmental processes that have already taken place during childhood continue to evolve. Together with new cognitive abilities and autobiographical processes, they allow the adolescent to reflect upon their self and think about their future. This is seen as a period of major transition, where the stability of knowing who ‘one’ once was as a child has gone, but the certainty of who one will become within the adult world is still unknown. Therefore an adolescent must start to work out who they are, exploring multiple selves, roles and ‘rough drafts’ of a life-story. The 5 key aspects of this stage of development within the McAdams model are examined below.

### *a. Developmental changes*

McAdams (2001, 2009) suggests that, during transition to adolescence, a young person is psychosocially set for the emergence of narrative identity due to certain



biological, cognitive, and social changes that take place during this developmental period. The onset of puberty results in physical changes which can lead to thoughts regarding the young person's physically-developing self and the influence of these differences on relationships with others. Such developments occur at different rates for each adolescent and although not everyone experiences an 'identity crisis', most are challenged in some way as they begin to notice incongruities between who they were during childhood and who they are now.

Harter (2006) suggests that self-esteem scores tend to drop around this time, which could be the result of raised expectations from adults regarding academic achievement, or the tendency to compare themselves to peers. This suggests that an adolescent's sense of self may become fragile as they start to leave the known security of childhood behind and embark upon the new ventures of adolescence. McAdams (2001, 2009) links this period of his developmental model with Erikson's (1968) fifth stage of psychosocial development, where the issue of role confusion arises. During this stage, the individual reflects on their past self and ponders the different roles they may take on in their anticipated future. This process eventually ends with the reconciliation between 'the person one has come to be' and 'the person society expects one to become.'

Research which has explored the many roles that adolescents take on during this period has found they can often lead to conflict (Harter, Bresnick, Bouchee, & Whitesell, 1997). McAdams model seems to fit within Erikson's fifth stage, with the end of this stage ideally leading to adult commitment and a clear sense of personal

ideology. Erickson proposed that this stage ends at age 19 which therefore overlaps with both the adolescent and emerging adulthood stages of the McAdams model. Although McAdams builds Erickson's fifth stage into his model, he does not attempt to continue this process with regard to Erickson's other stages of psychosocial development. This raises the question of whether McAdams only incorporates existing theory and literature when it fits with the notions of the model and neglects to pursue those which do not further solidify his theory.

*b. Cognitive changes*

The ability to conceive goals, which became pronounced during childhood, continues to shape the adolescent's behaviour. They are now able to evaluate the value of these goals, and to make decisions regarding which goals are worth pursuing, and which are not (McAdams, 2009). McAdams (2001, 2009) suggests that this helps to shape the adolescent's sense of future self, and allows the material for the life-story to become more succinct and defined. To explain this, McAdams (2001, 2009) refers to the cognitive changes which are evident during adolescence, and were first described by Piaget (1958, as cited in Johnson, Munakata, & Gilmore, 2002). These advances (formal operational thinking) allow a young person to start thinking about the self and the world in highly abstract terms. Adolescents are now able to hypothesise *what might be* rather than being bound to the concrete thinking of *what is*.

Such thinking, McAdams (2001) suggests, may result in the formulation of 'hypothetical ideals' in terms of the ideal life, family or religion. Adolescents may begin to reflect upon any inconsistencies in their lives, as they start to understand the

different selves they take on in the company of parents, peers, and members of the opposite sex. This can be troubling for many as they begin to confront the issue of ‘who is the real me?’ and whether that view fits their current sense of self. Therefore McAdams (2001, 2009) views this period as a time of identity exploration. He states that this cannot occur within childhood due to the inability to think in abstract terms. Research shows that such cognitive changes do allow adolescents to become more self-aware and reflective than was possible in childhood (Rutter & Rutter, 1993).

Research that has investigated neurodevelopment during adolescence has also shown that the structure of the prefrontal cortex undergoes significant changes (Steinberg, 2004). One of the main findings identifies a steady increase in white matter within the frontal cortex and parietal cortex from childhood (average age 9) to adolescence (average age 14) (Sowell, Peterson, Thompson, Welcome, Henkenius, & Toga, 2003). This means that the transmission speed of neural information within this cortex greatly increases during this period, so information is processed quicker and more efficiently (Luciana, 2010). In addition, research has consistently shown that the prefrontal and parietal cortexes undergo continued developmental changes during adolescence. These areas of the brain have been linked with self-awareness and abstract reasoning which suggest that adolescents now have greater cognitive capacity to reflect on their self and their imagined future (Ochsner, 2004). Another ability related to these brain regions is executive function, which allows individuals to control and coordinate thoughts and behaviors using skills such as decision making and selective attention (Luciana, Conklin, Cooper, & Yarger, 2005; Choudhury, Blakemore & Charman, 2006). A key finding (Sowell, et al, 2003; Sowell,

Thompson, Tessner & Toga, 2001) has shown that the brain may reach maturity later than the end of adolescence, with a dramatic decrease in grey matter occurring between the early 20s up to the age of 30. Therefore such studies suggest that substantial changes do take place within the brain during this period which will influence cognitive function and self-reflection, and that such changes continue and mature in adulthood. However, although scientific advances in the ability to study the brain allow such changes to be recognised, links between these changes and their influence on the emergence of the life-story can only be postulated at present.

*c. Personal fables*

McAdams (2001, 2009) suggests that with this new ability to think hypothetically and imagine ideals in life, an adolescent is now able to develop a narrative he calls a 'personal fable'. These take the form of exaggerated accounts of the self; affirming hopes of uniqueness and greatness. Such accounts may be conceived in 'identity projects' (diaries, webpages, etc.) and through communication with peers. McAdams (2001) states that personal fables are a first attempt at integrating different elements of the self into a defining life-story. The adolescent tries to make sense of their past self; to incorporate the different selves they take on with others into a meaningful understanding of who they are; and to think about the future and what goals they have for life. These are rewritten over time as the individual becomes more able to define a 'true' self, and the unrealistic fables gradually vanish.

Habermas and Bluck (2000) also acknowledge this development, by suggesting that adolescents now begin to see what makes up an entire life from birth through to death,

and to imagine the paths they might take. These ideas, they suggest, are often unrealistic and grandiose, rather than being actual ideas that they might wish to pursue in the future. Theoretically, personal fables are said to develop through adolescent egocentrism, which both Piaget (1958, as cited in Johnson, Munakata, & Gilmore, 2002) and Elkind (1967) locate as occurring in the formal operations stage of cognitive development. The ability to now be able to think in abstract terms means that the young person may now start to believe that the thoughts of others centre upon them. The adolescent thus starts to think and display behaviour which portrays their heightened self-consciousness, attention-getting behaviour, and also their perceived uniqueness. The personal fable allows adolescents to feel that their emotions and experiences are unique.

Early research suggested that adolescent egocentrism was linked to the stage of formal operations, but subsequent work failed to find this link and suggested that egocentrism may be more socially developed than derived from cognitive changes (Lapsley, 1993). Additionally, research has suggested that the personal fable is not unique to the period of adolescence, with adults also displaying egocentric qualities (Quadrel, Fischhoff & Davis, 1993). A more recent study conducted by Frankenberger (2000) found evidence that adolescents (14 to 18 years) significantly constructed more personal fables than adults (20 to 89 years). However, there was evidence to suggest that adolescent egocentrism extends into the early adulthood period. This research, taken at face value, would seem to suggest that this early draft of the life-story occurs around the time when McAdams suggests and tends to decrease as individuals move further into emerging adulthood. However, the research

did not involve accounts of actual personal fables. Instead the author used an egocentrism measure developed by Enright (1980) which includes items that relate to the construct of personal fables. Although Frankenberger (2000) suggests the measure is widely used and displays reasonable levels of reliability and validity, participants' agreement to items on this measure does not necessarily equate to the conclusion that they construct actual personal fables. For example the statement 'Accepting the fact that others don't know what it's like being me' could apply to many adults completing the measure but may not be indicative that they are still in the personal fable phase. This therefore means that the scarce evidence regarding personal fables is not without its limitations, and further research is needed to develop a way of examining the construct of personal fables and exploring its existence using longitudinal methods.

#### *d. Social interactions*

McAdams (2001, 2009) highlighted the importance of social interactions within the stage of childhood. Relations with others continue to be important in adolescence. Here, the emphasis is on parent-adolescent conversations with the suggestion that adolescents start to draw meaning from past memories which relate to their developing sense of self. Additionally the importance of peer interaction is also acknowledged, providing a stage for adolescents to talk about the self in relation to others. Research within this area is extremely limited, with the majority of research focusing on either childhood or emerging adulthood social interactions. McLean and Breen (2009) provide brief yet key evidence that the process of talking about memories provides a social pathway through which meaning about oneself can be constructed. Additionally, they report that social interactions often involve learning

about the self through reconstructing past negative experiences as more positive ones. The participants taking part in this study were aged from 14 to 18 years, which doesn't fully relate to McAdams' early adolescent population. Therefore this area will be further explored within the 'emerging adulthood' section. McAdams revisits the process of autobiographical memory which first started in childhood, because of the importance of deriving meaning from past experiences and relating this to one's self.

*e. Autobiographical reasoning*

As previously noted, autobiographical memories are first co-constructed in childhood. With age, and through social interaction, the ability to relate such memories to oneself increases (McAdams, 2001, 2009). McAdams (2001, 2009) proposes that as an individual reaches adolescence, the ability to develop meaning increases further as more conscious links are made between the past and present in terms of a developing sense of self. Research, based upon empirical evidence of life narrative accounts, suggests that through a self-reflective process called autobiographical reasoning, links are formed between the past and the self that increase self understanding (Habermas & Bluck, 2000; McLean, 2008). It is through this process that the first narratives of the life-story are said to be formed, which start in adolescence as a result of cognitive developments, and as a consequence of the desire to define oneself in response to the recognition of multiple selves (McLean, 2008; McLean, Breen, & Fournier, 2010). However, during this period, adolescents are just beginning to draw connections between their experiences and their sense of self; these connections continue to increase in emerging adulthood and bring with them a more stable view of self (Bluck & Gluck, 2004).

Autobiographical reasoning allows self-event connections to become formed, which are concerned with either self-stability or self-change. These connections underlie the process of creating an autobiographical account of a coherent self (McLean, Breen, & Fournier, 2010). Additionally such connections are also said to create coherence within the life-story. Two recent studies within this area have shown that the ages of 15 and 16 are a crucial time for meaning making, which they suggest is due to the now-conscious awareness of contradictions in the self (McLean & Breen, 2009, McLean, Breen, & Fournier, 2010). However a limitation of the cross-sectional research is that the causal direction of the results cannot be determined, and additionally only adolescent boys participated in these studies. Therefore, although such findings fit with the McAdams model, caution is required until longitudinal and more generalisable research is conducted.

#### *f. Coherence*

As McAdams states, the cognitive ability to self-reflect allows connections between past events and self to develop which start to provide the basic foundations for life-story narratives (McAdams, 2001). As such connections are made, coherence is also formed within such narratives. Basic temporal coherence has already begun in childhood, but has been found to increase with age and, during adolescence this relates to coherence between events in life rather than single occasions (Habermas and De Silveira, 2008). Habermas, Ehlert-Lerche and De Silveira (2009) found that, during adolescence, this form of coherence is well developed and adolescents are able to present their life in an evolving linear fashion. However a major criticism of this research is that participants were actually instructed to use a linear order. With regard



to cultural coherence, limited results studies do appear to suggest that it emerges in late childhood and early adolescence (Habermas & Bluck, 2000)

Two other forms of coherence begin to emerge more clearly at this stage. Causal coherence refers to the ability to explain how one event may have caused, transformed, or in some way be meaningfully related to, other events in one's life. It is through this type of coherence that meaning and reason are added to the life-story. This helps to facilitate the explanation of how a person has become the person they are (Bohn & Berntsen, 2008). Thematic coherence is explained as a way in which a person may identify an overarching theme, value, or principle that integrates many different episodes in their life (Habermas & Bluck, 2000). Research into these types of coherence has uncovered similar patterns for the development of both, with no evidence existing in childhood narratives, but an emergence during the late adolescent years that increases in frequency with age (Habermas & Bluck, 2000; Habermas & De Silveira, 2008; Habermas & Paha, 2001). However, despite such findings, limitations of the studies exist with regard to sample sizes (Habermas & Paha, 2001), cross-sectional designs, and that the fact that only brief anecdotal stories were examined for coherence, which makes generalising such results to the more complex narratives of life stories difficult.

Although the research in this area does suggest that narrative coherence does increase with age and that certain forms are not apparent in the narratives of children, the research has many limitations. Firstly, the studies have not considered any other possible factors that may have an influence on coherence and the development of the

life-story, such as culture, education level, and an individual's social environment. Additionally, one of the studies (Habermas & Paha, 2001) involved asking participants for memories of important events rather than a free description of their life-story or life narratives. A major limitation exists in that no formal measures of coherence have been developed, so it is not known whether the studies were consistently or meaningfully measuring coherence at all. Lastly the majority of the studies used white, middle-class participants, and relied on small samples with designs that focused on either the narratives of children or of adolescents, rather than a comparison between the two groups.

*g. Summary*

McAdams pulls together the developing processes from childhood, and together with cognitive advances, autobiographical reasoning and the development of personal fables, explains that adolescents are challenged with exploring and identifying who they are. The processes that take place, he suggests, allow individuals to begin to organise and integrate past memories into coherent life narratives which will eventually become part of the life-story within the next developmental stage. Again literature and theory does exist which provides evidence for the processes he talks about, but such findings are not without their limitations and areas such as the personal fable and autobiographical reasoning require further research with regard to their development during this period.

**3. The development of the life-story in 'emerging adulthood' (17 to mid 20s)**

McAdams (2001, 2009) states that as individuals move into the emerging adulthood stage, they are able to start to integrate their complex and contrasting experiences into

a more stable and unified whole, which gives meaning, and a sense of purpose with which to live their lives. During this period, the life-story first starts to emerge, according to McAdams. Processes such as autobiographical reasoning and coherence further develop, and together with the added motivation to think about and plan one's future, an individual's ability to make links between their past, present and future becomes crystallised. This configuration allows the life-story to emerge, which provides self-continuity and a more unified sense of self to surface.

*a. Continued autobiographical reasoning*

McAdams (2001, 2009) suggests that the process of autobiographical reasoning has already initially begun in adolescence, with links being made between the past, present and self. He views this mechanism as crucial in the development of the life-story, and during this stage proposes that events that have been reflected upon in isolation now start to be integrated into developing a life-story. Research suggests that this happens through the development of connections between events (event-event connections) and thematic coherence (McLean, 2008). This allows themes to be developed between events in one's life, providing the structure of the life-story. Research suggests that such connections develop now because they are a more advanced form of autobiographical reasoning and require a greater perspective of one's life in order to link events together (Habermas & Bluck, 2000). However, although such links now start to occur, McAdams (2009) suggests that autobiographical reasoning is a process that continues throughout the life course and therefore such connections continue to be made in later adulthood.

McLean (2008) has found that older adults report more event-event connections and thematic coherence than younger adults who were still in the process of constructing life stories. This suggests that older people have more fully formed and stable life stories. Also, with regard to self-event connections, it was found that older adults tended to talk more about the self in terms of self stability, whereas young adults were more focused on change and therefore reported more self-change connections, perhaps as a means of self-exploration and self-understanding. The younger age group used in this study did incorporate the emerging adulthood age range but they also included adults up the age of 35; the older age groups ranged from 65 to 85 years. Although such connections are evidenced in emerging adulthood, and McAdams does acknowledge that these processes continue through the life span, no research examines whether they are present in younger adolescents and children. Also this cross-sectional research produced only small effect sizes for its reported results, which suggest that other contextual factors may also have a role to play which have not yet been explored.

McAdams (2001, 2009) states that autobiographical memory during this period has both a private function (allowing an individual to reflect on their past, in order to better understand oneself), and a social function (sharing past events to allow meaning to be derived through closeness with others). In terms of social function, research has found that individuals during this stage talk about memories as a way of self-explanation and about lessons they have learnt (McLean, 2005). Additionally parents tend to have a role in helping an individual work out experiences and regulate emotions from their recent past, whereas peers tend to be told about memories that are

already well formed; here memories are used as a way of promoting closeness and intimacy with others (McLean, 2005). This therefore suggests that relationships continue to be important in the processes of autobiographical memory, sense of self and life-story development.

Again, existing research has been limited with regard to its retrospective design and focused choice as to what functions memory telling serves. Additional research into social interaction suggests that conversations with family and friends during this period are often associated with identity (McLean, 2005). For individuals in emerging adulthood, conversational storytelling is shaped by the responsiveness and agreeableness of listening friends, which research suggests, allows more meaning-laden personal accounts to be developed (Pasupathi & Hoyt, 2009). It is suggested that sharing experiences and listening helps to interpret information that is important for the developing self, and therefore such relationships have an important part to play in self development and the developing life-story (Bird & Reese, 2006; McLean & Pratt, 2006).

#### *b. Coherence*

McAdams (2001, 2009) has already linked the process of autobiographical reasoning in producing global coherence to the connections made between self and events, and also between events in time. Research conducted into the area of global coherence seems to be in agreement that it starts to develop in late adolescence but increases with age and reaches its peak within the emerging adulthood period (Habermas & Bluck, 2000). This lends support to McAdams' notion that it is during this period that

the life-story starts to emerge due to the ability to create a coherent life-story. However research has become fixed upon the four types of global coherence as being indicative of a complete coherent life-story. No reflection has been made as to whether other forms of coherence exist, or to whether they do truly reflect the aspects needed for a developing life-story. Additionally, as we have already noted, no standardised measures of coherence have been developed, so validity is questionable. Also, only a couple of studies (Bohn & Berntsen, 2008; Habermas, Ehlert-Lerche & De Silveira, 2009) actually examine a life-story account for coherence, which therefore means that the coherence of a life-story is not actually being investigated in most studies.

A recent study conducted by Gryzman and Hudson (2010) attempted to overcome some of these limitations. They asked for segmented stories, which, according to McAdams' (1997) Guided Autobiography guidelines, capture trends of the life-story. In order to measure thematic coherence they directly asked participants for connecting themes. The research was conducted with both adolescents and emerging adults and found that coherence was more evident in the life-story narrative of the 'emerging adulthood' group. Although forms of coherence were present in adolescents' narratives, the older group had significantly higher rates of coherence as well as greater narrative complexity, and more self-event and event-event connections. However the authors do acknowledge that despite the attempt to overcome previous limitations, the narrative stories that they captured were not a life-story in its entirety. Using McAdams' guidelines they asked participants for three important stories that captured a high point, low point and turning point within their life, and although this

relates to McAdams suggestion of what events a life-story will contain, it does not assess the global coherence of a complete life-story.

*c. Stability and change*

An important concept which McAdams (2009) introduced to this stage of his model is that the evolving life-story should portray some temporal continuity over time, whilst also displaying developmental change. His longitudinal research suggested that both emotional tone and conceptual complexity showed the highest levels of continuity in life narratives, followed by themes of agency and personal growth (McAdams, et al., 2006). McAdams reported that emerging adults produced more emotionally positive stories, and showed greater understanding of their own personal development in their fourth year of the study compared to their first year. However rather than attempting to capture the abstract life-story in its entirety, he instead asked participants to identify and describe the ten most important episodes in the story of their life. McAdams does not elaborate as to whether he feels this method fully measures the life-story, but he does acknowledge the obvious complexity of measuring such an abstract conceptual process. It is therefore important that further research is conducted.

*d. Reminiscence bump*

A final research area which McAdams (2001, 2009) has suggested provides evidence for the development of the life-story is the reminiscence bump. Research suggests that when adults recall memories and personal events from the past, these tend to be more from the period of adolescence and early adulthood than from other times in their life (Berntsen & Rubin, 2002). Interestingly, recent research suggests that most memories

tend to be recalled from the period between 10 and 30 years of age; the peak age from when most memories are recalled is 25 (Demiray, Gulgoz, & Bluck, 2009). Researchers suggest that the life-story may provide an explanation for this, as most memories are recalled from this period when the life-story is being developed, and therefore such memories may be encoded as relevant to the developing sense of self and more likely to be recalled due to their meaning to that person (Conway & Pleydell-Pearce, 2000; Demiray, Gulgoz, & Bluck, 2009; Gluck & Bluck, 2007). Although research within this area has found fairly consistent results for the ages at which most memories tend to be recalled, no direct evidence exists which states that this finding is due to the life-story; therefore caution must be expressed when drawing such interpretative conclusions and hypothetical links.

*e. Summary*

During this stage of the model, McAdams (2001, 2009) states that, through the process of autobiographical reasoning, important connections are made which allow integration of the self, and provide structure and coherence for the emerging life-story. McAdams has attempted to provide evidence that it is during this stage that the life-story first starts to emerge, and the limited research on stability and change and the reminiscence bump have been explored. McAdams states that the life-story does not end with this period but continues to evolve through adulthood, becoming more stable with age.



## **Discussion**

This paper has attempted to review the McAdams model with regard to current research and literature, by exploring and mapping out its conceptual ideas and processes at each developmental stage of the life-story model. The model describes how the key developmental processes during childhood, such as a sense of self, autobiographical memory, cognitive development and social interaction, all interrelate to lay down foundations for the later life-story. The model suggests that such processes continue into adolescence; new cognitive abilities mark this period as one of identity exploration and self-reflection. The process of autobiographical reasoning continues and allows connections to be made which permit a coherent life-story to surface within the 'emerging adulthood' period. McAdams (2001, 2009) has briefly woven key developmental theory and literature into his model which make conceptual sense, but when examining the evidence in detail it is not without its limitations and many areas require further research. Unfortunately, the abstract nature of the developing life-story makes it difficult to pin down and directly examine its concepts.

The research into life-story coherence does seem to suggest developmental trends which relate to the 'emerging adulthood' population having the necessary tools to develop a coherent life-story. However, such research also has included many limitations, with a lot of the research taking place with individuals who are not yet at the 'emerging adulthood' stage, and questions raised as to whether the research is actually capturing the life-story itself (McLean, 2008). Additionally it is not known if focusing upon coherence in life narratives really tell us whether the life-story emerges at this particular time. It suggests that such narrative tools are developing and may

help this process, but can researchers be sure that only four types of coherence are needed and exist, and what happens if these do not develop? In addition no formal standardised measures exist for analysing and assessing the coherence of narratives so it is also not known whether researchers are actually examining those constructs. Further research is needed within this area to establish whether coherence is an important factor of the life-story, and if so, how it can be accurately measured with children, adolescents, and adults in their developing account of their life-story.

Overall the McAdams model has provided an extensive comprehensive attempt at explaining how the life-story develops and with it a more unified sense of self is formed. Although the evidence for the model and development of the life-story is not entirely conclusive, this model and its developmental processes has clinical implications with regard to the current practice of LSW with children in care. The proposed benefits of LSW have led to its therapeutic use with children in care, despite the lack of empirical evidence regarding its effectiveness.

At present LSW, with children in care is undertaken at any age, yet according to the McAdams model it is suggested that children and young adolescents do not have the cognitive tools or coherence ability to fully reflect upon their self and talk about their life-story in its entirety. However, as uncovered in this review, the ability to produce life stories has not been extensively examined within childhood, and at present no conclusive research exists to suggest that coherence and processes such as ToM are crucial in talking about one's life-story. Therefore it cannot be inferred, based on the findings of McAdams model, that LSW needs to occur at a certain period of life.

According to the McAdams model, all developmental stages need to be in place and ‘worked through’ for the life-story to be formed within ‘emerging adulthood’. Therefore does the recognised formal implementation of LSW in social care suggest that children in care are unable to progress through each of these stages without formal support? It is unclear as to how such intervention is justified or ‘fits’ with regard to McAdams developmental framework. However this does raise the question of whether LSW as an intervention will interfere with the development process of the life-story as suggested by McAdams. There does not appear to be a straight-forward answer to this question, especially as it is not known how similar the two processes actually are, and within clinical practice LSW seems to take varied forms.

With regard to early social interactions, the McAdams model has shown these to be key to the development of a healthy sense of self, and to the first step in gathering memories for the life-story. However such findings need to be interpreted with caution with regard to children in care who may have experienced negative interactions or a lack of early interactions. Does McAdams suggest that this would lead to an unhealthy or deficient sense of self? Although the model does not address this area, research does suggest that concepts of self are vulnerable to social feedback and therefore a lack of, or any negative responses from caregivers could be detrimental to these developing concepts (Kools, 1997). Additionally it is known that children in foster care do tend to have lower levels of self-esteem and self-worth (Fernandez, 2007), which could be hypothesised as them having a more vulnerable sense of self. However, although McAdams (2001, 2009) highlights childhood as an important stage in the development of the life-story and in developing a basic

recognition of one's sense of self, he does acknowledge that children and adolescents have an evolving sense of self, which could mean that such children could go on to develop stronger concepts of self through successful relationships with foster carers.

On the one hand, as this research has shown the importance of social relationships on the developing sense of self, it could be seen as support for the use of LSW in terms of talking to children about their past in helping them shape their sense of self - assuming that this early relationship and communication did not take place. On the other hand, if we assume such early relationships did not take place, the lack of actual research into LSW means that we do not know if talking about past events with a child, which the carer was not part of, and creating the conversation as part of a life-story intervention, will have any benefit at all. However, there is equally no evidence that it would actually do any harm. Additionally such important early relationships *may* have taken place, which therefore raises the question as to whether such children will go on to develop their identity through using the life-story process as explained by McAdams and will not need the formal intervention provided by LSW.

At present LSW is on the agenda for children in foster care and, until further research is conducted to examine its proposed benefits, it will clearly remain this way. However one important conclusion that can be recognised with regard to clinical practice is that interventions that promote and develop self-esteem need to be encouraged in therapeutic work with children in care. Additionally when undertaking LSW it is vital that the importance of self-esteem is recognised and elements of this work incorporated. LSW can potentially bring up a lot of negative experiences and

difficult emotions for young people, which has been acknowledged in the limited empirical research (Willis & Holland, 2009). Additionally, lower levels of self-esteem have been acknowledged for young people in care (Kools, 1997). Therefore it seems important that LSW is facilitated by a professional so that the young person can be supported appropriately and measures put in place to ensure they are not left feeling overwhelmed by past experiences. In addition it may be deemed beneficial for young people to apply 'compassionate mind' techniques into their thinking when embarking upon LSW which would help to foster self-esteem. This would allow them to adopt a more positive stance in relation to their self, encourage an acceptance of their self and past, and help them to identify inner strengths and develop positive goals for the future. Research has suggested that such interventions are effective for young people who have experienced traumatic backgrounds and may find it difficult to maintain a positive view of self (Gilbert & Procter, 2006).

In conclusion it can be seen that the McAdams model provides a developmental framework for explaining the emergence of the life-story, and offers a conceptual insight into the processes which underpin its development. Despite limitations and a lack of substantive empirical research, its proposals and processes highlight clinical implications regarding the use of LSW with children in care. It is this link with current LSW practice that renders the importance of future research within this area to be of critical substance, so that the evaluation of LSW within clinical and social care contexts can be further addressed.

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**Empirical Paper**

**Adolescents in Foster Care: Exploring their Involvement in Foster Placement  
Success**

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*(For submission to Child Development, see Appendix 1 for instructions to authors)*



### Abstract

Young people<sup>2</sup> in foster care are at an increased risk of placement breakdown (Selwyn & Quinton, 2004; Ward & Skuse, 2001), which can have a significant effect on their psychological well-being (Oosterman, Schuengel, Wim Slot, Bullens, & Doreleijers, 2007). Research within this area has focused upon what causes placement breakdown to the detriment of identifying factors that may contribute to promoting placement success. This study used a positive psychology approach to explore the variables that predict placement success for young people aged 12 to 18 growing up in foster care. Fifty-one young people consented to take part. The research focused specifically on their attachment relationship with foster carers and peers, their level of resilience, self-esteem and pro-social behaviours. Placement success was measured by achievement of health and well-being targets set out by the *Every Child Matters* outcome framework. A correlation analysis found that a significant positive relationship between a young person's self-esteem and placement success. Relationships between other variables were observed and reported. Limitations of the study are discussed, together with recommendations for future research and clinical practice within the Looked After Child field.

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<sup>2</sup> The terms young people and adolescents will be used interchangeably and describe individuals between the ages of 12 and 18 years of age.

## Introduction

Young people growing up in care are at a significant risk of experiencing multiple foster placement breakdowns (Fratter, Rowe, Sapsford, & Thoburn 1991; Minty, 1999; Selwyn & Quinton, 2004; Ward & Skuse, 2001), the impact of which can have detrimental effects on the young person's mental health and behaviour (Oosterman et al., 2007). Of the approximately 60,900 children within Social Care Services, 73% live within foster placements, and 63% of these are aged 10 to 18 (Department for Children, Schools and Families, 2009). Research shows that children entering foster care have often experienced multiple stresses and traumas in their lives as a result of neglect, abuse and parental illness (Kools, 1997). Additionally the experience of going into foster care can bring with it isolation, stress and insecurity (Kools, 1997). These factors combined can lead to foster children developing behavioural, emotional and developmental difficulties, especially if the child does not feel supported within their foster placement and has not developed adequate coping skills (Taussig, 2002).

For children in care, the transition through adolescence is an additionally stressful time, with the normal developmental changes and challenges characterised by further instability and uncertainty, which often results in placement disruptions (Taussig, 2002). These combined difficulties can often lead to the young person finding it hard to cope and their distress may take the form of mental health and/or behavioural problems. These problems can develop into internalised conditions such as anxiety and depression, or externalised problems like aggression or antisocial behaviours (Oosterman et al., 2007). Such problems are likely to make the parenting task more arduous and bring additional pressures to bear on the foster placement, so increasing

the risk of breakdown (Oosterman et al., 2007). Findings suggest that between 20% and 50% of children in foster care experience premature endings (Minty, 1999), with disruptions more likely when the child is older, has problem behaviours and/or mental health difficulties (Brown & Bednar, 2006; Newton, Litrownik, & Landsverk, 2000; Oosterman et al., 2007; Sinclair & Taussig, 1998; Wilson, 2003). Those young people who experience multiple placement disruptions are in turn more likely to have poorer psychosocial outcomes, thus leading to a vicious cycle of negative care experiences (Aldgate, Colton, Gate, & Heath, 1992; Oosterman, et al., 2007).

The majority of research exploring young people's experiences of growing up in care has highlighted the detrimental impact of placement breakdown on the young person's psychosocial outcomes (Oosterman et al., 2007). Less attention has been paid to factors that contribute to placement stability and success; despite the beneficial outcomes associated with placement stability, such as higher academic success and increased psychological wellbeing (Aldgate et al., 1992; Newton, Litrownik, & Landsverk, 2000). Existing research investigating predictors of placement success has tended to focus on younger children in foster care (Brown & Campbell, 2007; Sinclair & Wilson, 2003; Sinclair, Wilson & Gibbs, 2005). This seems counter-intuitive given the evidence suggesting that adolescences are most at risk of placement failure.

A review of the literature has found that placement stability is associated with factors regarding the foster child, foster carer, their relationship, and support from external agencies (Oosterman et al., 2007). In this study, variables that specifically relate to the young person in care will be further explored. The young person's perspective of their

relationship with their foster carer and peers, their level of resiliency, their self-esteem, and their pro-social behaviour are all proposed as important factors in promoting placement success. The relationship between each of these factors is discussed below.

### *Attachment Relationships*

According to attachment theory, a child develops a bond with their caregiver that affords them a secure base from which to explore the world, gain emotional support, and that guide them in developing relationships (Bowlby, 1990). Such attachments are also thought to foster resilience in children (Atwool, 2006). For adolescents entering foster care, developing new attachments to foster carers may be difficult. Attachments may have already formed with birth parents and the stability and quality of these existing relationships may influence the success of forming new bonds with others (Poulin, 1992). Additionally, during adolescence, young people often wish to seek independence and focus on their self-identity and image, which may also hinder the quality of the attachment they form with foster carers (Molin, 1990).

The literature suggests that a strong relationship between foster child and foster carer is a good indicator of a successful placement (Brown & Campbell, 2007; Sinclair, Wilson & Gibbs, 2005). However these studies have primarily focused on younger children and there has been little attention paid to the development of relationships in adolescence. In spite of this, what is known is that a strong relationship with foster carers is important to young people in care and that they viewed their foster carers as a valuable source of support (Stanley, 2007). Additionally, developing a significant

positive connection with an adult was found to promote trust, security and resilience for adolescents growing up in foster care (Drapeau, Saint-Jacques, Lepine, Begin, & Bernard, 2007). Research has also identified the importance of positive peer friendships in facilitating a child's cognitive, affective, and social development, and that such connections can play a key role in maintaining the mental health of children in care (Price & Brew, 1998). Therefore given the importance of such relationships for children in care, more research is needed to establish whether they also play a contributory role in foster placement success for adolescents.

### *Resiliency*

Here resiliency refers to the ability and the capacity of adolescents to be able to cope with stress and trauma. For adolescents in foster care, resilience may help them to overcome difficulties and equip them to cope better with life's challenges (Schofield & Beek, 2005). Sinclair and Wilson (2003) found that resilient foster children were less likely to experience placement breakdown and more likely to have successful placements. A number of protective factors that help promote resilience in adolescents in foster care have been identified. Drapeau et al. (2007) found that higher intelligence, social skills, self-esteem, and empathy all contributed to increased resiliency for adolescents in foster care, with comparable findings also highlighted by Gilligan (2002). Additionally, significant positive relationships with an adult, trust, security, achievement, and support from others were all associated with higher resiliency (Gilligan, 2002; Masten & Coatsworth, 1998).

Research in this area (Losel & Bliesener, 1994; Rutter, 2000) suggests that resilience fosters self-esteem and perceived self-efficacy, and provides adolescents growing up in care with new opportunities. Additionally resilient adolescents tend to have an internal locus of control, are more satisfied with their lives and in better health. However the research in this area has been greatly limited by the use of small sample sizes. Also despite the suggested significance of resilience in equipping adolescents to overcome difficulties and promoting coping ability, little research has explored whether resilience contributes to placement success for adolescents. Therefore further research is needed to address the concept of resilience regarding its influence upon placement success.

### *Self-Esteem*

Self-esteem reflects the adolescents' overall evaluation or appraisal of his/her own worth. Evidence shows that resilience and self-esteem are closely related (Baumeister, 1993; Gilligan, 2002), and it has been suggested that resilient children are more likely to experience placement success (Sinclair & Wilson, 2003). Therefore it can be hypothesised that if resilience is found to promote placement success, then self-esteem may also be a significant factor.

Little research has been conducted into foster children's' self-esteem and its impact on placement outcome. Fernandez (2007) found a relationship between a greater number of placements a foster child experienced and lower self-esteem. This longitudinal study looked specifically at self-esteem in relation to peers, home, and school, and found that peer self-esteem was the most sensitive to change, particularly

with regard to number of placement breakdowns. The author suggests that these findings provide further evidence of the importance of peer relationships in the development of self-esteem during adolescence. However this study included children aged 7 up to 15, and it is not clear if age was controlled for, or what ages were classified as 'adolescence'. Reviewing the literature found no research looking specifically at adolescent self-esteem and placement success, despite evidence that self-esteem can promote resilience and therefore provide a young person with successful coping skills (Rutter, 2000). Evidence also suggests that children who have positive relationships with carers and peers tend to report higher levels of self-esteem, and also display more pro-social behaviours (Gilligan, 2000, 2001).

#### *Pro-social Behaviour*

Pro-social behaviours are those which help or benefit another person; examples of these include helping, sharing, or comforting others (Werner-Bierhoff, 2002). There is evidence to suggest that foster children above the age of four who display pro-social behaviour, as well as a loving nature are more likely to experience placement success (Sinclair & Wilson, 2003), and are less vulnerable to placement breakdown (Sinclair, Wilson, & Gibbs, 2005). Children and adolescents who display more pro-social behaviours are also more able to develop strong relationships with peers and caregivers (Farmer, Moyers, & Lipscombe, 2004). Research suggests that foster children who display pro-social behaviours are more engaged and interested in their care (Sinclair & Wilson, 2003), allowing them to participate in important decisions, feel empowered and develop trust (Fahlberg, 1991). Such children are more likely to

ask for support, which, as Kalland & Sinkkonen (2001) found, leads to fewer placement breakdowns.

Extensive evidence exists which suggests that difficult behaviours displayed by young children in care increases the risk of placement failure (Brown & Bednar, 2006; Newton, Litrownik, & Landsverk, 2000; Oosterman et al., 2007; Sinclair & Wilson, 2003; Taussig, 2002). However, no research has specifically examined adolescent pro-social behaviour in relation to placement success, despite the link suggested by research with younger children. Additionally research exists which suggests that such behaviour can help to foster resilience (Waaktaar, Christie, Borge & Torgersen, 2004), and therefore it is important that this factor is further addressed.

### *Aims of the Study*

Adolescents growing up in care are at greater risk of experiencing placement breakdown than younger children. Previous research has focused on research with young children in care and upon factors that result in placement breakdown; however a gap in the literature exists with regard to factors that promote placement success for adolescents in care. The literature discussed above has highlighted the importance of investigating factors which can promote placement success for adolescents, as this can increase overall psychosocial well-being and lead to academic success for young people in care (Aldgate et al, 1992; Newton, Litrownik, & Landsverk, 2000). Therefore this research will focus specifically on factors associated with foster placement success for adolescents, in particular the young people's relationship with their foster carer and peers, their self-esteem, their resiliency, and their pro-social



behaviour. A successful placement is defined as one in which the young person is able to meet health, social, emotional and behavioural targets as set out in the criteria of the *Every Child Matters* Outcome Framework (ECM) (West Midlands Regional Partnership, 2008).

It is hypothesised that:

1. There will be a significant positive relationship between attachment scores and placement success.
2. There will be a significant positive relationship between resiliency scores and placement success.
3. There will be a significant positive relationship between self-esteem scores and placement success.
4. There will be a significant positive relationship between pro-social behaviour scores and placement success.

## Method

### *Design*

This study used a within subjects, cross-sectional design to examine the relationship between four variables (relationship with foster carer & peers, self-esteem, resiliency, and pro-social behaviour) and placement success. Placement success was measured by examining the extent to which the young person was meeting targets in the five outcome domains outlined in the ECM. Using Cohen's (1992) conventions for describing effect sizes, a prior power calculation indicated that 64 participants were required to maintain a power of 0.8 to detect a medium sized effect (0.3) for a correlation analysis, with alpha set at 0.05.

### *Participants*

A convenience sample was recruited from three Children's Services Departments in the West Midlands. All of those approached met the inclusion criteria of being between the ages of 12 and 18 years and living with their current foster carers for at least twelve months. Young people who were in kinship care (fostered by a relative), or who did not speak fluent English were not approached. These exclusion criteria were chosen as research has suggested that placement with a relative may reduce placement breakdown (Minty, 1999) and this relationship may be a more inherently stable factor compared to the relationship formed during a non-kinship placement (Oosterman et al., 2007). Additionally, a number of the questionnaires have only been standardised for use with people who have English as their first language, and therefore a deviation from this could invalidate the results. The final sample comprised of fifty-one young people.

## *Measures*

### *Background and Demographics Form (Appendix 4)*

This form was used to record factors related to the young person and placement that have previously been shown to be related to placement outcome (Oosterman et al., 2007).

### *Inventory of Parent and Peer Attachment (IPPA) (Armsden & Greenberg, 1987) (Appendix 5)*

This 53-item measure was used to assess the young person's level of attachment to their foster carer and peers. This measure was originally designed to assess attachment to parents but has been adapted for use with foster children and adolescents (Fernandez, 2007). Responses range from 1=almost never true to 5=almost always true on a 5-point scale. The measure breaks down into two scales, looking at foster carer and peer attachment, both of which produce total attachment scores. These scales each contain three subscales which measure trust, quality of communication, and extent of alienation and anger. Negatively worded items and all alienation items are reverse scored before analysis (See appendix 6 for scoring criteria). Total scores range from 28 to 140 on the foster carer scale, and 25 to 125 on the peer scale. High total scores represent a more secure relationship.

The IPPA is shown to have moderate internal reliability (parent attachment scale: trust  $\alpha=.91$ , communication  $\alpha=.91$ , and alienation  $\alpha=.86$ ; peer attachment scale: trust  $\alpha=.91$ , communication  $\alpha=.86$ , and alienation  $\alpha=.72$ ), and good test-retest reliability ( $r=.93$  for the foster carer scale, and  $r=.86$  for the peer scale) (Armsden & Greenberg,

1987). Internal reliability in relation to the current study showed comparable findings (parent attachment scale: trust  $\alpha=.89$ , communication  $\alpha=.88$ , and alienation  $\alpha=.84$ ; peer attachment scale: trust  $\alpha=.91$ , communication  $\alpha=.88$ , and alienation  $\alpha=.71$ ).

*Resiliency Scale for Children & Adolescents (Prince-Embury, 2007) (Appendix 7)*

This 60-item questionnaire was used to assess resilience. It comprises three subscales (sense of mastery, sense of relatedness, and emotional reactivity), and responses range from 0=never to 4=almost always. The sense of mastery subscale looks at optimism about life, competence, problem-solving, and the ability to learn from mistakes. The sense of relatedness subscale refers to trust in others, access to inter-personal support, and the capacity to tolerate differences with others. Unlike the other two subscales, lower scores on the emotional reactivity subscale are indicative of resiliency, and higher scores indicative of vulnerability. This subscale consists of three conceptually related content areas: sensitivity and intensity, length of time it takes to recover from emotional upset, and impairment while upset.

These resiliency scales are reported to have excellent internal reliability and good test-retest reliability (i.e., mastery scale  $\alpha=.95$ ,  $r=.86$ ; relatedness scale  $\alpha=.95$ ,  $r=.86$ ; reactivity scale  $\alpha=.94$ ,  $r=.88$ ) (Prince-Embury, 2007). Comparable internal reliability results were calculated for the present study (mastery scale  $\alpha=.94$ ; relatedness scale  $\alpha=.94$ ; reactivity scale  $\alpha=.95$ ).

*Hare Self-Esteem Scale (Hare, 1985) (Appendix 8)*

This 30-item measure was used to assess the young people's levels of self-esteem. The measure includes three subscales of peer, school and home, which contain statements that are rated as 1=strongly disagree, up to 4=strongly agree. The sum of the total items is regarded as a measure of general self-esteem, which is supported by its correlation with Coopersmith's Self-esteem Inventory ( $r=.83$ ), and Rosenberg's General Self-esteem Measure ( $r=.74$ ) (Hare, 1977). Scores range from 30 to 150 for total self-esteem, with higher scores indicating greater self-esteem. This measure has been successfully adapted and used with foster children and adolescents (Fernandez, 2007). Previous research (Fernandez, 2007) has shown varied internal reliability (total scale  $\alpha=.81$ , peer subscale  $\alpha=.50$ , home subscale  $\alpha=.80$ , school subscale  $\alpha=.62$ ), however analysis showed good internal reliability for the current study (total scale  $\alpha=.86$ , peer subscale  $\alpha=.86$ , home subscale  $\alpha=.71$ , school subscale  $\alpha=.83$ ).

*Strengths & Difficulties Questionnaire (SDQ) (Goodman, 1997) (Appendix 9)*

This 25-item questionnaire measures responses on five different subscales of: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behaviour. The young people were asked to answer 'not', 'somewhat' or 'certainly true' to each item, and responses were assigned a score according to the scoring sheet (Appendix 10). The pro-social subscale was of particular relevance to this study. It generates scores from 0 to 10, with higher scores representing greater levels of pro-social behaviour. The other four subscales can be combined to generate a total difficulties score; this was used to provide additional data for a young person's emotional and behavioural functioning which was examined in

relation to placement success. The total difficulties scores range from 0 to 40, with higher scores representing greater difficulties. Scoring criteria categorise the level of difficulties a young person is experiencing into 'normal', 'borderline', and 'abnormal'. The SDQ has satisfactory reliability with the following reported results, internal validity (pro-social scale  $\alpha=.73$ , total difficulties scale  $\alpha=.78$ ), and retest stability after 4-6 months ( $r=.62$ ) (Goodman, 1997). In relation to the current study, internal reliability was calculated to be  $\alpha=.70$  for the pro-social scale and  $\alpha=.84$  for total difficulties. This questionnaire has been used with foster children and adolescents in previous research (Sinclair & Wilson, 2003; Farmer, Lipscombe, & Moyers, 2005).

#### *Measuring placement success*

*Every Child Matters Outcomes Framework (ECM)* (West Midlands Children's Commissioning Partnership, 2008) (Appendix 11)

The ECM Outcomes Framework was derived from the *Every Child Matters* agenda by the West Midlands Regional Partnership. It was developed to be used as a guidance tool for professionals as a way of assessing the outcomes for children and young people, as outlined by the *Every Child Matters* agenda. It was designed to be used in a variety of settings such as foster and residential care, however its implementation in services is not compulsory and therefore it is not known how widely it is used or whether it has been utilised in previous research. The framework outlines five key outcomes of well-being and personal achievement for children and adolescents. These five areas include: 'being healthy', 'staying safe', 'enjoying and achieving', 'making a positive contribution' and 'achieving economic well-being'.

In order to measure placement success for this present study, the researcher examined the statutory Looked After Child Review minutes from the last 12 months for all the young people who took part, and assessed their progress according to the outcomes on the ECM framework. Each of the five outcome areas of the ECM contain three dimensions, and a score was awarded where there was evidence from the Review minutes of the young people's progress within each of these areas. This score indicated whether the young person was doing better, as well as, or worse than at their previous Review<sup>33</sup>. This resulted in quantitative data totalling a maximum score of 3 for each ECM area, and an overall total score which ranged from 0 to 15. Internal reliability for this measure was calculated to be  $\alpha=.88$ . Inter-rater reliability was obtained for 10% of the sample and cross-informant correlation was calculated to be  $r=.84$ .

### *Procedure*

Ethical approval for the study was obtained from the School of Psychology Ethics Committee at the University of Birmingham (Appendix 12), and Research and Development approval was granted by participating Children's Social Services Departments. A review of the Children's Services Looked After databases identified young people that met the inclusion criteria for the study. Consent to send these young people information about the study was obtained from a central manager within Children's Services in each geographical area. The study was then advertised in local fostering newsletters and through flyers distributed to social workers and foster carers within the target areas. Potential participants were sent an information sheet on the

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<sup>33</sup> All foster children have a multi-agency statutory Looked After Review every six months to ensure their needs are being met. An Independent Reviewing Officer chairs the meeting and the proceedings are formally minuted.

study (Appendix 13) an assent/consent form (Appendix 14), questionnaire pack, and debriefing sheet (Appendix 15) through the post. The information gave the young people the opportunity to take part in the study, by either completing the consent form and questionnaire pack and posting them back in the free-post envelope, or by requesting to meet the researcher by completing the relevant slip bottom on the assent/consent form. The debriefing form provided contact details if the young people had any questions or concerns. All participants were entered into a prize draw for the opportunity to win an iPod shuffle.

In order to score the ECM, the young person's Looked After Review minutes were accessed at each participating Children's Services Department. Background/demographic information was accessed from Looked After files and Children's Services Looked After database. All information was stored in compliance with the requirements of the Data Protection Act.



## Results

### *Response Rates*

Of the 261 young people who were sent questionnaire packs, 51 (19.5%) responded.

Table 1 compares the demographics of participants and non-participants.

Table 1 – Comparison of Participants and Non-participants Demographics

	<i>Participants</i>	<i>Non Participants</i>
<i>Young person's details</i>		
Male	23 (45.1%)	118 (56.2%)
Female	28 (54.9%)	92 (43.8%)
Average age of YP (yrs)	15.1 (SD=1.6)	15.2 (SD=1.8)

A chi-squared test showed no statistical differences between participants and non-participants with regards to gender, ( $\chi^2 (1) = 2.03$ ,  $p > .05$ ), and an independent t-test showed no statistical difference with regard to age ( $t (259) = 1.06$ ,  $p > .05$ ).

### *Participant Demographics*

The demographics of the participants can be seen in Table 2.

Table 2 – Background Details & Demographics of the Young People

Gender		
Male	23	(45.1%)
Female	28	(54.9%)
Ethnicity		
White British	41	(80.4%)
Asian British	6	(11.8%)
Black African Caribbean	3	(5.9%)
Mixed heritage	1	(2.0%)
Age In Years (mean)	15.1	(SD=1.6) (range 12-18)
Age Range		
12-13	7	(13.7%)
14-15	23	(45.1%)
16-17	18	(35.3%)
18	3	(5.9%)
Age In Years At Entry Into Current Placement (mean)	10.0	(SD=3.2) (range 2-18)
Number Of Years in Current Placement (mean)	4.7	(SD=3.1) (range 0-14)
Number Of Previous Placements (mean)	2.0	(SD=1.9) (range 0-8)
Number Of Participants who had one or more Placement Moves	36	(70.6%)
Number Of Participants who had no previous Placements	15	(29.4%)
Age In Years At Entry Into Foster Care (mean)	7.5	(SD=3.3) (range 0-13)
Total Time In Years In Foster Care (mean)	7.1	(SD=3.8) (range 1-16)

*Differences between Participant and Placement Variables*

It was found that males had on average spent more time in foster care (mean=8.4 years) than females (mean=6.0 years), with a medium effect size reported ( $d=.65$ ). An independent t-test showed that this difference was significant ( $t(49) = 2.29, p < .05$ ).

Participants were grouped into two distinct categories based upon their age (12-15, and 16-18 years old). Within Looked After Children Services, young people aged 16 and above are transferred to the Leaving Care Team to help them think about their transition from Local Authority Care. As this transitional phase may influence placement variables, it was deemed appropriate that these two categories were used and any differences between these age ranges be explored.

It was observed that participants within the 16-18 age category had spent a longer amount of time in foster care (mean=8.7) than participants in the 12-15 year category (mean=5.9), with a medium effect size of  $d=.75$  reported. An independent t-test showed this to be a statistical difference ( $t(49) = -2.59, p < .01$ ). However as the overall average age at entry into foster care was 7.5 years, it is understandable that participants in the older age category will have spent a longer amount of time in foster care.

*Distribution of the data*

One-sample Kolmogorov-Smirnov analyses were carried out to test the distribution of the key variables. Results (see Appendix 16) indicated that all variables, except for

the ECM, were normally distributed. Therefore as the ECM data did not meet the assumption of normality, non-parametric tests were utilised.

The descriptive data for the measures used, as well as data from previous published research are presented in Table 3.

Table 3 – Means and Standard Deviations for this Study and Data from Previous Research

<i>Measures</i>	<i>Data from this research</i>		<i>Normative data from previous research</i>
	<i>Mean (SD)</i>	<i>Range</i>	<i>Mean (SD)</i>
IPPA – foster carer	114.5 (SD=19.9)	46–140	91.2 (SD=12.6)
IPPA – peer	98.6 (SD=15.7)	57–122	85.7 (SD=15.7)
Resiliency – Mastery	47.6 (SD=11.1)	8–71	43.8 (SD=9.8)
Resiliency – Relatedness	49.8 (SD=10.3)	17–68	42.7 (SD=11.2)
Resiliency – Reactivity	53.8 (SD=13.2)	29–89	58.7 (SD=10.3)
Self-esteem – Total	90.0 (SD=9.8)	63–112	82.5 (SD=7.0)
Self-esteem – Peer	29.6 (SD=5.5)	18–38	
Self-esteem – Home	32.1 (SD=4.0)	20–40	
Self-esteem – School	28.2 (SD=4.9)	16–38	
SDQ – Pro-social Scale	7.9 (SD=1.8)	2–10	8.0 (SD=1.7)
SDQ – Total Difficulties	11.8 (SD=6.5)	1–29	10.3 (SD=5.2)
SDQ – Emotional	2.9 (SD=2.4)	0–9	2.8 (SD=2.1)
SDQ – Conduct	2.4 (SD=2.3)	0–10	2.2 (SD=1.7)
SDQ – Hyperactivity	4.3 (SD=2.3)	0–9	3.8 (SD=2.2)
SDQ – Peer problems	2.1 (SD=1.9)	0–8	1.5 (SD=1.4)

#### *Attachment Measure*

As can be seen from Table 3, the young people in this study demonstrated a higher level of attachment to their foster carer and peers in comparison to the mean scores reported by Fernandez (2007) with a foster care population, and these differences were found to be significant (foster carer ( $t(108) = 7.44, p < .001$ ), peer ( $t(108) = 4.30, p < .001$ )).

*Background variables & Attachment*

No statistical difference was reported between the two distinct age categories (12-15 & 16-18) when examining attachment scores. The participants' previous placement history was categorised into two distinct groups of 'single placement', and 'one or more placement moves' so any difference regarding placement history could be accounted for when examining the independent variables. This was justified as Children Services classify a person having more than one placement as experiencing multiple placements. It was found that participants who had single placements had higher levels of peer attachment (mean=105.5, SD=11.1) than participants who had one or more placement moves (mean=95.7, SD=16.6). An independent t-test indicated that this difference was significant ( $t(49) = 2.09$ ,  $p < .05$ ) with a medium effect size ( $d = .71$ ).

*Resiliency Measure*

Table 3 shows the mean scores which suggest that the young people on average displayed higher levels of resiliency and personal strength in comparison to normative data published by the author of the measure (Prince-Embury, 2005). Independent t-test showed these differences to be significant (mastery ( $t(108) = 2.19$ ,  $p < .05$ ), relatedness ( $t(108) = 3.83$ ,  $p < .001$ ), reactivity ( $t(108) = -2.55$ ,  $p < .01$ ).

*Background Variables & Resiliency*

Participants who had no previous placements had higher levels of resiliency as measured by the relatedness scale (mean=54.9, SD=7.3) compared to participants who had one or more placement moves (mean=47.7, SD=10.6). An independent t-test

showed that this difference was significant ( $t(49) = 2.39, p < .05$ ) with a large effect size of  $d = .80$  reported.

### *Self-Esteem Measure*

Table 3 shows that the participants in this study scored on average a higher total self-esteem score in comparison to research conducted with foster children (Fernandez, 2007), and an independent t-test indicated that this difference was significant ( $t(108) = 4.66, p < .001$ ).

### *Background Variables & Self-Esteem*

It was found that participants within the older-age (16-18) category had higher levels of peer self-esteem (mean=31.4, SD=4.7) compared to participants in the younger-age (12-15) group (mean=28.3, SD=4.9). An independent t-test indicated that this difference was significant ( $t(49) = -2.24, p < .05$ ) with a medium effect size ( $d = .64$ ).

### *Pro-social Behaviour Measure (SDQ)*

Table 3 shows that with regard to mean scores, participants scored very similar in comparison to normative data from 11 to 15 year old children (Meltzer, Gatward, Goodman, & Ford, 2000). This mean score is classified within the 'normal' range (6-10) for pro-social behaviours and from the present sample 92.2% of the participants scored within the normal range. No normative data has been produced for this measure with children in foster care; however by comparing the above results it appears that the young people in foster care had similar levels of pro-social behaviour in relation to that of the general population.

*Background Variables & Pro-social Behaviour*

No statistical differences were found between pro-social scores and background variables.

*Placement Success Measure – ECM*

Given the non-normal distribution, median and inter-quartile ranges for the total outcomes score and the five subscale scores are presented in Table 4. This shows that the median score for the total ECM was 15 with a dispersion of scores from 13 to 15, and for the subscales a median of 3 with an inter-quartile range of 3.

Table 4 – Median and Inter-quartile Ranges for the Total & Subscales of the ECM

	Total	Being Healthy	Staying Safe	Enjoying & achieving	Positive Contribution	Economic Wellbeing
Median	15	3	3	3	3	3
Inter-quartile range	13 -15	3-3	3-3	3-3	3-3	3-3

*Background Variables & ECM*

Participants who had no previous placements scored higher on the ‘being healthy’ subscale of the ECM (median=30.0) compared to participants who had one or more placement moves (median=24.3). A Mann-Whitney test showed this difference to be significant ( $U= 210.0$ ,  $Z=-1.69$ ,  $p<.05$ ).

*Total Difficulties Measure (SDQ)*

Table 3 shows that participants scored higher mean total difficulties scores in comparison to normative data (Meltzer, et al., 2000), with a significant difference observed ( $t(4277) = 2.04$ ,  $p<.05$ ). Mean scores on each of the four difficulties

subscales were also higher than the published norms, however a significant difference was only observed for peer problems ( $t(4277) = 3.03, p < .001$ ). This suggests that for this study young people in foster care had higher total difficulties and peer problems than children within the general population. However all of these scores are within the 'normal' range according to scoring classification, with 68.7% of the sample scoring within this range with regard to their total difficulties.

### *Background Variables & Total Difficulties*

It was found that male participants had higher levels of hyperactivity (mean=5.0, SD=2.2) compared to female participants (mean=3.4, SD=2.2). An independent t-test indicated that this difference was significant ( $t(49) = 2.30, p < .05$ ), with a medium effect size of  $d = .64$ . Additionally, participants who had one or more placement moves scored higher on hyperactivity (mean=4.7, SD=2.1) than participants who had no previous placements (mean=1.7, SD=1.3). An independent t-test showed this difference was significant ( $t(49) = -2.29, p < .05$ ) with a medium effect size ( $d = .68$ ).

### *Total Difficulties & Placement Success*

The relationship between the participants' difficulties were analysed in comparison to placement success using a correlation matrix (Appendix 17). No significant correlations were reported between the Total ECM and the Total Difficulties score from the SDQ. However a significant negative correlation was reported between the hyperactivity subscale of the SDQ and the total score from the ECM ( $\rho = -.32, p < .05$ ). This suggests that a higher overall score of placement success is associated with lower scores of hyperactivity as measured by the SDQ.

*Correlations between Variables*

Spearman's rho correlations were conducted to examine the relationships of the variables (attachment, self-esteem, resiliency, and pro-social behaviour) with the ECM. Table 5 presents the correlation matrix of the attachment, self-esteem, resiliency and pro-social behaviour measures. This shows that significant relationships exist between all of these measures, apart from the pro-social behaviour measure and the reactivity scale of the resiliency measure. Table 6 shows a correlation matrix between all the measures and the total and subscales of the ECM.

Table 5 – Correlation matrix between measures

**\*\*.** Correlation is significant at the 0.01 level (1-tailed).

**\***. Correlation is significant at the 0.05 level (1-tailed).

	Self esteem	Foster Attach	Peer Attach	Pro-social	Mastery	React	Relate
Self esteem	1.000	.689**	.614**	.616**	.532**	-.475**	.657**
Foster Attach	.689**	1.000	.449**	.504**	.462**	-.321*	.624**
Peer Attach	.614**	.449**	1.000	.484**	.433**	-.382**	.748**
Pro-social	.616**	.504**	.484**	1.000	.464**	-.149	.571**
Mastery	.532**	.462**	.433**	.464**	1.000	-.466**	.588**
React	-.475**	-.321*	-.382**	-.149	-.466**	1.000	-.479**
Relate	.657**	.624**	.748**	.571**	.588**	-.479**	1.000

Table 6 – Correlation matrix between variables and ECM



**\*\*.** Correlation is significant at the 0.01 level (1-tailed).

	ECM Total	Healthy	Safe	Enjoying	Positive	Economic
Foster Attach	.224	.235*	.185	.150	.065	.145
Foster Trust	.320*	.346**	.245*	.177	.162	.212
Foster Comm	.240*	.220	.200	.179	.046	.122
Peer Attach	.182	.394**	.255*	.005	.199	.138
Peer Trust	.058	.287*	.194	-.139	.150	.126
Peer Comm	.326**	.410**	.236*	.112	.358**	.240*
Mastery	.043	.106	.098	-.010	-.007	.046
React	-.032	-.120	-.054	.122	-.031	-.082
Relate	.049	.268*	.155	-.099	.033	.066
SE Total	.341**	.295*	.169	.190	.257*	.314*
SE Peer	.132	.128	.137	.097	.188	.323*
SE School	.271*	.317*	.149	.102	.078	.031
SE Home	.393**	.232	.101	.177	.328**	.347**
Pro-social	.089	.005	-.048	.087	.115	.093

**\*.** Correlation is significant at the 0.05 level (1-tailed).

### *Hypothesis One*

A significant positive relationship was expected between young people's attachment scores and placement success. However no significant correlations were observed between total scores on these two variables. When examining the subscales of the attachment measure, significant correlations were observed between the foster parent trust subscale and placement success ( $\rho=.32$ , one-tailed  $p<.01$ ), foster parent communication subscale and placement success ( $\rho=.24$ , one-tailed  $p<.05$ ), and peer communication subscale and placement success ( $\rho=.33$ , one-tailed  $p<.01$ ). This suggests that a positive relationship exists between the level of communication and

trust with foster carers, communication with peers, and placement success as measured by a young person achieving ECM targets. Additionally significant positive correlations were observed between parent total attachment scores and scores on the 'being healthy' subscale of the ECM ( $\rho=.23$ , one-tailed  $p<.05$ ), and peer total attachment scores and scores on the 'being healthy' ( $\rho=.39$ , one-tailed  $p<.001$ ), and 'being safe' subscales ( $\rho=.25$ , one-tailed  $p<.05$ ). This suggests that a positive relationship exists between levels of attachment and achievement of health-related and being safe targets on the ECM.

### *Hypothesis Two*

It was expected that a significant positive relationship between resiliency scores and placement success would be observed. No significant correlations were reported between the resiliency subscales, and total scores on the ECM. However when the subscales of the ECM were included in the correlations, it was found that a significant positive relationship occurred between scores on the relatedness scale and the 'being healthy' subscale of the ECM ( $\rho=.27$ , one-tailed  $p<.05$ ).

### *Hypothesis Three*

A significant positive relationship was expected between self-esteem scores and placement success. A significant correlation was reported between young people's total level of self-esteem and placement success ( $\rho=.34$ , one-tailed  $p<.001$ ). An additional significant correlation was also reported for the home self-esteem subscale ( $\rho=.39$ , one-tailed  $p<.001$ ) in relation to total scores on the ECM. This suggests that

a relationship exists between a young person's level of self-esteem and their success on placement.

*Hypothesis Four*

A significant positive relationship between pro-social behaviour scores, and placement success was expected. However no significant correlations were observed. This suggests that for this study a relationship does not exist between a young person's pro-social behaviour and their achievement of targets on the ECM.

## Discussion

This study aimed to examine the factors of attachment, resiliency, self-esteem, and pro-social behaviour in relation to young people in foster care and the impact of these upon placement success. A correlation analysis found that from these factors a significant positive relationship was found between a young person's level of self-esteem and placement success, as measured by the achievement of targets on the ECM. Other relationships between subscales of the measures were observed and are discussed below.

### *Attachment Relationships*

Focusing first on the young person's attachment with their foster carer and peers, no significant relationship was observed with regard to total placement success scores. This is in contrast to findings reported for younger foster children, whereby a strong relationship with their foster carer was indicative of placement success (Brown & Campbell, 2007; Sinclair & Wilson, 2003; Sinclair, Wilson, & Gibbs, 2005). This may suggest that the importance of such a relationship in terms of influencing placement success may not continue into the period of adolescence. Developmental literature surrounding adolescence marks it as a challenging period, where a young person is busy embarking upon independence and focused on constructing their self-identity. This therefore may greatly impact upon the development and quality of relationships with their foster carers (Molin, 1990), and whether adolescents classify such relationships as important during this time. However, it is also important to note that definitions of what constitutes placement success differ greatly between studies. Sinclair and Wilson (2003) established placement outcome by asking foster carers and

social workers to rate whether the placement was successful from the ‘child’s point of view’, which is not without bias or limitation. In contrast the current study takes on a target-related stance according to current Government policy (i.e., the 5 key ECM outcomes). Therefore it is obvious that differences in how placement success is defined will lead to variance in findings.

Another difference to note is how attachment is measured within studies. The current research employed the Inventory of Parent and Peer Attachment (IPPA), which was originally developed for parent relationships, but Fernandez (2007) adapted it for use with foster families, and therefore it was deemed appropriate for this research. The current study reported good internal consistency and higher mean scores compared to those of Fernandez (2007). However a major limitation of this measure was that it lacked cut-off scores, with regard to its criteria in determining what range of score represented a high level and a low level of attachment. The authors of the scale reported that no cut-off scores had been established, and, despite frequent attempts to contact Fernandez to ascertain whether such scoring had been employed within their research, no response was gained. However, as of yet previous research has not offered an effective alternative to measuring attachment. Studies have either used a child attachment scale, which the authors suggest is more a measure of relationship disturbance (Sinclair, Wilson & Gibbs, 2005), or employed a qualitative approach by asking foster carers and children in care about their relationships (Brown & Campbell, 2007). This therefore highlights the need for future research to develop ways of effectively measuring attachment in foster care, and applying further investigation to

the IPPA so that more meaningful interpretations can be made with regard to relationship classification.

Despite this, it was found that a relationship did exist between higher levels of reported trust and communication with foster carers and placement success. A similar relationship was also found between communication with peers and targets of placement success being met. This may relate to the findings reported by Drapeau et al. (2007), who revealed in their interviews with adolescents in foster care that a positive relationship with an adult helped to provide them with much needed trust and support. Therefore it needs to be acknowledged that during adolescence an important relationship between trust and communication with others, and placement success exists and needs to be supported. This suggests that continued efforts should be made within Children's Services to ensure that young people in care are listened to, feel supported in their placement with a family they can trust, and are encouraged to achieve health-related outcomes as outlined by the ECM. Positive relationships were also observed between a young person's attachment to their foster carer and peers, and achievement of health objectives as set out by the ECM framework. With regard to peer attachment, there was also a positive correlation with 'staying safe' for the young people. This may suggest that for adolescents in care an association exists between having positive relationships with their foster carers and peers, and staying healthy and safe. Such findings may also relate to those of Price and Brew (1998), who acknowledged that positive peer relationships can play an important role in maintaining the mental health of children in foster care by providing a source of emotional support and companionship. Therefore it is important that a young person

in foster care is supported in both developing positive relationships with their foster family and peers, and encouraged to develop more positive health-related behaviours.

### *Resiliency*

With regard to resiliency, no significant relationships were found with placement success. Again this shows that the findings of Sinclair and Wilson (2003) are not replicated here with regard to adolescents in foster care. This once again raises the question of whether such a relationship between resiliency and placement success is not continued into adolescence, or whether the varied definition of placement success creates a difference. A positive relationship however, was identified between resiliency with regard to relatedness with others, and scores upon the 'being healthy' subscale. This suggests that a relationship exists between feeling comfort, trust and support with others and achieving more health-related outcomes as measured by the ECM framework. This relates to the previously mentioned relationships between attachment, trust, communication with others and healthier outcomes for young people.

Past research has highlighted the relationship between resiliency and relationships with others (Drapeau et al., 2007; Gilligan, 2002; Masten & Coatsworth, 1998), and findings from this study also provide evidence of this occurring for adolescents in care. In fact significant relationships were observed between all the adolescent factors measured in this study, apart from pro-social behaviours and reactivity as measured by the resiliency scale. This suggests, as Oosterman et al. (2007) reported, a relationship does exist between these factors. Oosterman et al. (2007) reported that

such factors influenced placement success; however their review of the literature included different ways of measuring placement success, none of which included achievement within the ECM framework. In fact the majority of previous studies have instead focused on criteria such as length of time in placement, rather than focus on outcomes which suggest a successful foster placement is related to a young person achieving health and wellbeing objectives. Therefore it may be that these adolescent factors are related, but do not together predict placement success as defined by this current study.

The use of the ECM has its benefits in providing a distinct well-being-related measure of placement success, however a limitation exists with regard to its ability to distinguish between young people who are making progress over time in placement, and those who continue to remain the same. Therefore this lack of sensitivity does impact upon the findings, and future research should involve the use of additional measures with which to assess placement success. Data on placement length was collected for this study however this was not used to inform placement success. The inclusion of this may have provided additional support and should be regarded in future research.

### *Pro-social Behaviour*

An area in which this research failed to produce any findings with regard to placement success was pro-social behaviours. Although no previous research had explored this factor with regard to placement success for adolescents in care, this present study had identified it as an important area for exploration following research linking it to



placement success with younger children, and to the finding that pro-social children are more involved in decisions regarding their care (Sinclair & Wilson, 2003). Pro-social behaviour however, was found to be significantly related to the other independent variables explored in this study, therefore contributing to previous research that has linked such behaviours to fostering resilience (Waaktaar et al., 2004) and developing stronger relationships with others (Farmer, Moyers, & Lipscombe, 2004). The measurement of pro-social behaviour was taken from the SDQ and whilst this scale as a whole has recently been employed as an outcome measure for Looked After Children Services (Department for Children, Schools and Families, 2009), it has not yet been standardised for use with the foster care population. Despite this, the means for this study were comparable to those produced by the authors of the scale, with slightly higher difficulties scores, as expected for this foster care population.

### *Self-Esteem*

One factor that was found to have a positive significant relationship with placement success was a young person's self-esteem. In relation to the lack of previous research, this study has produced statistical evidence that such a relationship exists for young people in care. A significant relationship was also found between self-esteem regarding the foster home environment and placement success, however surprisingly peer self-esteem did not produce a similar relationship. The findings from this research therefore highlight the importance of a young person's self-esteem in relation to placement success, and vice-versa.

This finding highlights major clinical implications for adolescents in foster care. It is known that for young people in general their self-esteem tends to dramatically drop when they reach adolescence (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). An added difficulty is that being in care can reduce this self-worth further. Therefore it could be suggested that for clinicians working with young people in foster care, interventions are needed that help to build up and develop self-esteem and allow greater emotional and psychological well-being to be maintained. Additionally on-going support should be provided by both foster carers and professionals working with the young people to encourage them to achieve the health and well-being targets outlined in the ECM. This progress could be monitored during the statutory Looked After Child Review meetings using the ECM framework as a tool to guide and assess, in a similar way to how it was used in this study.

A review of self-esteem interventions for children and young people has established the importance of focusing upon cognitive and social determinants (Bos, Muris, Mulken, & Schaalma, 2006). This thereby allows individuals to develop accurate self-evaluations based upon areas of strength and skill, together with approval and support from those around them (Bos et al., 2006). Such interventions for young people in foster care could incorporate compassionate mind training, which in particular has been shown to be effective for people who have had traumatic backgrounds and who may find it difficult to take a self-compassionate stance (Gilbert & Proctor, 2006). Key aspects of such interventions would focus on self acceptance, identifying strengths and positive personal attributes, and adopting a less critical style in relation to oneself. It is also important that training for foster carers includes the area of self-

esteem so that they can understand the importance of boosting a young person's self-esteem, and also be provided with skills in which they can help to support the young person's positive view of self.

A recent study by Fernandez (2007) reported the finding that self-esteem, in relation to peers, reduces in line with the number of previous foster placements a child has. Similar findings were reported for the present study in relation to attachment and resiliency, with young people who had no previous foster placements having higher levels of attachment to their peers, and higher levels of relatedness to others, in comparison to those young people who had experienced placement moves. Therefore it may be of great importance that young people are supported within their foster placements, and efforts are made to regularly review how the placement is going so that breakdowns can be reduced and prevented.

It is worth noting that the Hare self-esteem scale was chosen for this study based upon its adaptation and use within Fernandez's (2007) study. The scale was found to have good internal consistency when used in this study and mean scores reported a higher level of self-esteem than found by Fernandez (2007). Unfortunately the lack of research using this measure has meant that no cut-off scales have been established, so classifications of self-esteem levels cannot be identified. Requests from Fernandez with regard to their study did not yield any response. The findings from this study reveal the importance of future research in standardising a measure of self-esteem for this looked-after population.

Therefore it can be concluded that a correlation analysis found a significant positive relationship between a young person's level of self-esteem and placement success, as measured by a total achievement of targets on the ECM. Other relationships between subscales of the measures were observed and have been discussed.

A limitation of the research that needs to be discussed is the family-wise error rate. By performing several statistical tests on the data the chance of making a type I error was increased, whereby the null hypothesis may be rejected when in fact it is true. Post hoc tests were considered but not utilised as they greatly increase a type II error occurring. Therefore the findings of this research need to be interpreted with caution. Other limitations of the research can be found with regard to the ECM measure. Descriptive statistics reported for this measure suggest that the sample may have been biased towards those with successful placements, which calls into question the internal consistency and reliability of this measure. Additionally the fact that the total score of the ECM failed to correlate with the majority of the other measures, but the subscales of the ECM did, also casts doubt on the validity of a total score on the ECM.

It is also possible that due to the nature of the research and how it was conducted, that certain biases with regard to the sample could have occurred. For example, the young people who took the time to respond and consented to take part in the study may have been those who display a greater optimism in life, have a higher intelligence, display more persistence, and have more successful foster placements. The fact that a prize-draw was conducted could have encouraged the type of young person who is more

optimistic to take part. Additionally the completion of the measures did require a degree of perseverance and a certain level of understanding with regard to answering the questions. It could also be argued that the young people who were benefiting from a successful placement may be more motivated to take part and want to fill-in measures with regard to this, than those who were experiencing a more difficult time and may not want to focus upon it at all. Such young people who do display certain characteristics, such as optimism and persistence, may also be more likely to have successful placement due to these qualities. Another area that cannot be ruled out is the possibility of social desirability with regard to the young peoples' responses on the measures.

The difficulty of recruiting the required number of participants for this study meant that the power of the research was slightly compromised. A post-hoc power analysis indicated that power has decreased to 0.7 for a correlational analysis. Additionally the correlational nature of this study meant that only relationships between variables could be identified and actual causal directions cannot be inferred or established. Ideally, future research within this field should attempt to overcome the limitations of small samples sizes and cross-sectional research by informing and infiltrating current longitudinal research which is taking places within Children's Services. It is also recommended that future research takes into consideration the factors related to foster carers and agencies when exploring what factors contribute to placement success (Oosterman, 2007). The inclusion of such factors would have been too great for the time-frame of this study, however important preliminary findings have been provided

which highlight that such factors warrant further exploration in addressing the positive area of placement success for young people in foster care.

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**Public Domain Briefing Paper**

**Young people in foster care:**

**Literature review: Life-story Work with Children in Care:  
What does the McAdams model tell us about life stories? A Critical Review of  
the Life-story Model**

**Empirical research: Exploring Adolescents Involvement in  
Foster Placement Success**

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# **Literature review: Life-story Work with Children in Care: What does the McAdams model tell us about life stories? A Critical Review of the Life-story Model**

## **Introduction**

Life-story work (LSW) is a therapeutic technique frequently used with young people in care. The idea that it helps a young person make sense of who they are and where they came from (Ryan & Walker, 2003), has led to its implementation being recognised as a minimum standard within social care (BAAF, 2008). However, despite this acceptance no research has directly explored the benefits of LSW with looked after and adopted children. The aim of this review was to explore the area of LSW further by critically examining a conceptual life-story model developed by McAdams (2001, 2009), which proposed a developmental framework through which the life-story is created.

## **Method**

An extensive search of up-to-date literature and research based upon the key concepts of this model generated 35 articles. These were used to review and examine the model with regard to its proposed developmental processes.

## **Results**

Overall the McAdams model makes a convincing case for the developmental processes that take place in childhood and adolescence as contributing to the developing self, and paving the way for the emergence of the life-story. These

concepts appear to be supported by literature and theory, however such findings are not without limitations and a lack of actual research evidence was identified.

The abstract nature of the life-story and the model itself make it difficult for research to examine it directly. However future research could attempt to focus upon key proposals of the model such as the development of skills of 'coherence', which are classed as important in producing a coherent life-story. As no formal measures exist with which to gauge such skills, research which focuses on developing this would be able to analyse and assess such abilities and examine whether they are, in fact, of such importance to life-story development.

As LSW is at present on the agenda for children in foster care, it is of great importance that findings are discussed with regard to the clinical implications of LSW. The model has shown that early social interactions are key to the development of a healthy sense of self, and to the first step in gathering memories for the life-story. For children in care, who may have experienced negative interactions or a lack of early interactions, such findings need to be interpreted with caution. Although this has not been directly addressed, research does suggest that a lack of, or negative responses from caregivers could be detrimental to one's sense of self (Kools, 1997). It is also known that children in foster care do tend to have lower levels of self-esteem and self-worth (Fernandez, 2007). Therefore an important conclusion that can be drawn with regard to clinical practice is that interventions that promote and develop self-esteem need to be encouraged in therapeutic work with children in care. Additionally when undertaking LSW it is vital that the importance of self-esteem is recognised and

elements of this work incorporated. Young people should be encouraged to apply 'compassionate mind' techniques when undertaking LSW, which would help to foster positive self-esteem. This would allow them to adopt a more positive stance in relation to their self, and help them to identify inner strengths and develop positive goals for the future. Research has suggested that such interventions are effective for young people who have experienced traumatic backgrounds and may find it difficult to maintain a positive view of self (Gilbert & Procter, 2006).

A final area of importance, in which future research must be undertaken, is with regard to LSW in clinical practice. As already acknowledged such research is greatly lacking and a direct examine of its proposed benefits is vital in order to inform future practice.

## **Empirical research: Exploring Adolescents Involvement in Foster Placement Success**

### **Introduction**

Young people living in foster care are at an increased risk of placement breakdown (Selwyn & Quinton, 2004; Ward & Skuse, 2001), which can have significant effects on their psychological well-being (Oosterman, Schuengel, Wim Slot, Bullens & Doreleijers, 2007). Research within this area has focused upon what causes placement breakdown to the detriment of identifying factors that may contribute to promoting placement success. A recent review conducted by Oosterman et al (2007) highlighted specific factors related to the young person in care as being associated with foster placement stability. The aim of this research was therefore to examine such factors in relation to placement success. These factors included: the young person's relationship with their foster carer and peers, their level of resiliency, their self-esteem, and their pro-social behaviour. A successful placement is defined as one in which the young person was able to meet health, social, emotional and behavioural targets as set out in the criteria of the *Every Child Matters* Outcome Framework (ECM).

### **Method**

Fifty-one young people aged between 12 to 18 years old who were living in foster care consented to take part in the research. Their involvement in the research consisted of completing a questionnaire pack which was sent to them through the post. This contained 4 clinical measures which gained the young person's perspective of their relationship with their foster carer and peers, and assessed their level of self-



esteem, resiliency and pro-social behaviours. In order to establish whether their placement was successful, the young person's Looked After Review minutes were accessed and used to complete the ECM framework.

## **Findings**

A positive relationship was reported between a young person's self-esteem and foster placement success. Positive associations were observed between relationships, resiliency, and pro-social behaviours. However no relationships were found between these factors and placement success. Positive associations were also observed between relationships with foster carer and peers and the 'being healthy' target of the ECM framework.

The findings from this research highlight the importance of a young person's self-esteem in relation to placement success. This finding has major clinical implications, as it is known that self-esteem tends to dramatically drop when individuals reach adolescence (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002), and the added difficulties that being in care can bring can reduce this self-worth further. Therefore for clinicians working with young people in foster care, interventions that help to build up and develop self-esteem would help to promote placement success and allow greater emotional and psychological well-being to be maintained. Such interventions could incorporate compassionate mind training, which in particular has been shown to be effective for people who have had traumatic backgrounds and who may find it difficult to take a self-compassionate stance (Gilbert & Proctor, 2006). Key aspects of such interventions would focus on self acceptance, identifying strengths and positive

personal attributes, and adopting a less critical style in relation to oneself. It is also important that training for foster carers includes the area of self-esteem so that they can understand the importance of boosting a young person's self-esteem, and also be provided with skills in which they can help to support the young person's positive view of self.

Ideally, future research within this area should attempt to overcome the limitations of this present study by using a larger samples size of participants, and by attempting to infiltrate current research which is taking place within Children's Services. It is also recommended that future research takes into consideration the factors related to foster carers and agencies when exploring what factors contribute to placement success (Oosterman, 2007). The inclusion of such factors would have been too great for the time-frame of this research, however important preliminary findings have been provided which highlight that such factors warrant further exploration in addressing the positive area of placement success for young people in foster care.

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## **Appendix 1:**

### **Instructions to Authors for Submission to *Child Development***

**Appendix 2:**

**Literature Review Search Terms**

SEARCH TERMS					
Life stor* <b>OR</b> Life script <b>OR</b> Self stor* <b>OR</b> Self narrative* <b>OR</b> Life narrative*	Identity construct* <b>OR</b> Identity formation <b>OR</b> Identity develop* <b>OR</b> Self develop*	Self <b>OR</b> Sense of self <b>OR</b> Identity <b>OR</b> Narrative identity <b>OR</b> Self concept <b>OR</b> Verbal self <b>OR</b> Subjective self	Autobiographical memor* <b>OR</b> Autobiographical reasoning <b>OR</b> Autobiographical recollect* <b>OR</b> Autobiographical self <b>OR</b> Self defining memor* <b>OR</b> Self event connect* <b>OR</b> Reminiscence Bump	Social interact* <b>OR</b> Parent child* conversation* <b>OR</b> Parent child interact* <b>OR</b> Parent child reminiscing	Theory of mind <b>OR</b> ToM <b>OR</b> Perspective taking <b>OR</b> Understanding of mind <b>OR</b> Understanding of mental state* <b>OR</b> Mindblindness <b>OR</b> Reflective function
Cognitive develop* <b>OR</b> Cognitive change* <b>OR</b> Concrete operation* think* <b>OR</b> Formal operation* think* <b>OR</b> Adolescen* brain develop*	Personal fable <b>OR</b> Personal myth	Life stor* coherence <b>OR</b> Narrative coherence* <b>OR</b> Narrative complexity <b>OR</b> Temporal coherence* <b>OR</b> Causal coherence* <b>OR</b> Thematic coherence* <b>OR</b> Cultural coherence*	<b>Search terms combined = 332 Articles found</b>  <u><b>Databases searched:</b></u> PsycINFO, Web of science, ASSIA, CINAL, PsychArticles, Social services abstracts <u><b>Limits:</b></u> English language 1990 to Current		

**Appendix 3:**  
**Table of papers included in the literature review**



<i>Title of Paper &amp; Author(s)</i>	<i>Type of Paper</i>	<i>Area(s) of Developmental Framework it covers</i>	<i>Does paper support or contradict model?</i>
From Infant to child: the dynamics of cognitive change in the second year of life. <b>Courage &amp; Howe (2002)</b>	Review of empirical research & literature	<i>Childhood - a. developing sense of self</i>	Supports this area of model – self-recognition
Understanding & sharing intentions: The origins of Cultural cognition. <b>Tomasello, Carpenter, Call, Behne, &amp; Moll (2005)</b>	Review of empirical research & literature	<i>Childhood - a. developing sense of self</i>	Supports this area of model - intentions
When autobiographical memory begins. <b>Howe, Courage &amp; Edison (2003).</b>	Review of empirical research & literature	<i>Childhood - b. development of autobiographical memory</i>	Supports this area of model – autobiographical memory development
The emergence & early development of autobiographical memory. <b>Howe &amp; Courage (1997)</b>	Review of empirical research & literature	<i>Childhood - b. development of autobiographical memory</i>	Supports this area of model - autobiographical memory development
Parent-child reminiscing locates the self in the past. <b>Fivush &amp; Nelson (2006)</b>	Review of empirical research & literature	<i>Childhood - b. development of autobiographical memory</i>	Supports this area of model – reminiscing & memory
Accessing self-development through narrative approaches in child & adolescent psychotherapy. <b>DeSocio (2005)</b>	Brief review of literature & research	<i>Childhood - b. development of autobiographical memory</i>	Supports this area of model – development of self & memory
The psychological & social origins of autobiographical memory. <b>Nelson (1993).</b>	Review of literature & research	<i>Childhood - b. development of autobiographical memory</i>	Supports this area of model – social element of memory
Getting a life: the emergence of the life story in adolescence. <b>Habermas &amp; Bluck (2000)</b>	Review of empirical research & literature	<i>Childhood - b. development of autobiographical memory</i>	Supports this area of model – story like structure of memory
		<i>Childhood - e. cognitive development</i>	Supports this area of model – evidence of only basic temporal coherence in childhood. No evidence of causal & thematic coherence

			in childhood
		<i>Adolescence - c. personal fables</i>	Supports this area of model – acknowledges existence of personal fables
		<i>Adolescence - d. autobiographical reasoning</i>	Supports this area of model – acknowledges existence of autobiographical reasoning
Maternal reminiscing style during early childhood predicts the age of adolescents' earliest memories. <b>Jack, MacDonald, Reese &amp; Hayne (2009)</b>	Longitudinal empirical study (sample size= 20)	<i>Childhood - c. early social interaction</i>	Supports this area of model – interaction & memories Although small sample size used
Training mothers in elaborative reminiscing enhances children's autobiographical memory & narrative. <b>Reese &amp; Newcombe (2007)</b>	Longitudinal empirical study (sample size=115)	<i>Childhood - c. early social interaction</i>	Supports this area of model – interaction & memories Although maternal judgement used to establish memory accuracy
Orgins of autobiographical memory. <b>Harley &amp; Reese (1999)</b>	Longitudinal empirical study (sample size=58)	<i>Childhood - c. early social interaction</i>	Supports this area of model – interaction, self & memory
Children's self-esteem & moral self: links to parent-child conversations regarding emotion. <b>Reese, Bird &amp; Tripp (2007)</b>	Correlational study (sample size=51)	<i>Childhood - c. early social interaction</i>	Supports this area of model – interactions & self-esteem & self-concept. Influence of unmeasured variables (parent education, relationships).
Emotional reminiscing & the development of an autobiographical self. <b>Bird &amp; Reese (2006)</b>	Longitudinal empirical study (sample size=65)	<i>Childhood - c. early social interaction</i>	Supports this area of model – interaction, self & autobiographical memory
Foundations for self and other: a study in autism. <b>Hobson &amp; Meyer (2005)</b>	Empirical study (sample size=34)	<i>Childhood - d. developing theory of mind</i>	Supports this area of model – children with autism lack TOM abilities. Small sample size
Atypical neural self-representation in autism. <b>Lombardo et al. (2009)</b>	Empirical study (sample size=33)	<i>Childhood - d. developing theory of mind</i>	Supports this area of model – evidence of disruptions in neural systems needed for self-information in children with autism
Delayed self-recognition in children with autism spectrum disorder. <b>Lind &amp; Bowler</b>	Empirical study (sample size=60)	<i>Childhood - d. developing theory of mind</i>	Contradicts Model's view ? Most children with ASD are aware of physical self & have varying TOM abilities

<b>(2009)</b>			
Life story development in childhood: the development of life story abilities & the acquisition of cultural life scripts from late, middle childhood & adolescence. <b>Bohn &amp; Bertsen (2008)</b>	Cross-sectional empirical study (sample size=120)	<i>Childhood - e. cognitive development</i>	Supports this area of model – evidence of only basic temporal coherence in childhood
The development of the temporal macrostructure of life narratives across adolescence. <b>Habermas, Ehler-Lerche &amp; De Silveira (2009)</b>	Cross-sectional empirical study (sample size=102)	<i>Childhood - e. cognitive development</i>	Supports this area of model – evidence of only basic temporal coherence in childhood
		<i>Adolescence - e. coherence</i>	Supports this area of model – evidence that temporal coherence is well-developed in adolescence
The development of global coherence in life narratives across adolescence: temporal, causal & thematic aspects. <b>Habermas &amp; De Silveira (2008)</b>	Cross-sectional empirical study (sample size=102)	<i>Childhood - e. cognitive development</i>	Supports this area of model – no evidence of causal or thematic coherence in childhood. Although not longitudinal research.
		<i>Adolescence - e. coherence</i>	Supports this area of model – evidence that temporal coherence increase & matures during adolescence. Causal & thematic coherence develops in late adolescence
The development of multiple role-related selves during adolescence. <b>Harter, Bresnick &amp; Bouchey (1997)</b>	Review of literature & research	<i>Adolescence - a. developmental changes</i>	Supports this area of model – evidence of multiple selves
Cognitive & affective development in adolescence. <b>Steinberg (2005)</b>	Review of literature & research	<i>Adolescence - b. cognitive changes</i>	Supports this area of model – evidence of cognitive development & brain changes in adolescence.
Adolescent brain development: current themes & future directions. <b>Luciana (2010)</b>	Review of literature & research	<i>Adolescence - b. cognitive changes</i>	Supports this area of model – evidence of brain changes in adolescence – increase in white matter
Social cognitive development during adolescence. <b>Choudhury, Blakemore &amp; Charman (2006)</b>	Cross-section empirical study (sample size=107)	<i>Adolescence - b. cognitive changes</i>	Supports this area of model – evidence of increase frontal lobe abilities in adolescence (decision making, perspective taking)

Adolescent ego-centrism: a comparison among adolescents & adults. <b>Frankenberger (2000)</b>	Cross-sectional empirical study (sample size=354)	<i>Adolescence - c. personal fables</i>	Partially supports this area of model – evidence of personal fables in adolescence but also in early adulthood. Criticism of whether study actually measured personal fables
Process & content of narrative identity development in adolescence: gender & well-being. <b>McLean &amp; Breen (2009)</b>	Cross-sectional empirical study (sample size=171)	<i>Adolescence - c. social interactions</i>	Supports this area of model – evidence that of meaning making through interactions. However ages of sample extend into ‘emerging adulthood’ period
		<i>Adolescence - d. autobiographical reasoning</i>	Supports this area of model – evidence of autobiographical reasoning in adolescence.
Stories of the young & old: personal continuity & narrative identity. <b>McLean (2008)</b>	Correlational study (sample size=134)	<i>Adolescence - d. autobiographical reasoning</i>	Supports this area of model – evidence of autobiographical reasoning through links & connections.
		<i>Emerging adulthood - a. Cont. autobiographical reasoning</i>	Supports this area of model – evidence of increased autobiographical reasoning which continues into adulthood. However no evidence that this not possible in childhood. Small effect sizes reported
Constructing the self in early, middle & late adolescent boys: narrative identity, individualisation & well-being. <b>McLean, Breen &amp; Fournier (2010)</b>	Cross-sectional empirical study (sample size=146)	<i>Adolescence - d. autobiographical reasoning</i>	Supports this area of model – evidence of autobiographical reasoning in adolescence.
The development of coherence in adolescent’s life narratives. <b>Habermas &amp; Paha (2001).</b>	Cross-sectional empirical study (sample size=12)	<i>Adolescence - e. coherence</i>	Supports this area of model – causal & thematic coherence develops in late adolescence. Very small sample
Late adolescent identity development: narrative meaning making & memory telling. <b>McLean (2005)</b>	Retrospective empirical study (sample size=185)	<i>Emerging adulthood - a. Cont. autobiographical reasoning</i>	Supports this area of model – role of parents & peers in meaning making.
The development of narrative identity in late adolescence & emerging adulthood: the continued importance of listeners. <b>Pasupathi</b>	Empirical study (sample size=220)	<i>Emerging adulthood - a. Cont. autobiographical reasoning</i>	Supports this area of model – role of peers in autobiographical reasoning

<b>&amp; Hoyt (2009)</b>			
Life's little & big lessons: identity statuses & meaning making in the turning point narratives of emerging adults. <b>McLean &amp; Pratt (2006)</b>	Longitudinal empirical study (sample size=896)	<i>Emerging adulthood - a. Cont. autobiographical reasoning</i>	Supports this area of model – importance of relationships in self-development & autobiographical reasoning.
Abstracting & extracting: causal coherence & the development of the life story. <b>Gryman &amp; Hudson (2010)</b>	Cross-sectional empirical study (sample size=102)	<i>Emerging adulthood - b. coherence</i>	Supports this area of model – evidence of causal & thematic coherence. Increase with age. Didn't look at childhood period.
Continuity & change: a longitudinal study of autobiographical memories in emerging adulthood. <b>McAdams, et al (2006)</b>	Longitudinal empirical study (sample size=145)	<i>Emerging adulthood - c. stability and change</i>	Supports this area of model – evidence of continuity & change, greater personal development. Full life story not captured.
Examining the life story account of the reminiscence bump. Demiray, Gulgoz & Bluck (2009)	Empirical study (sample size=72)	<i>Emerging adulthood - e. reminiscence bump</i>	Supports this area of model – evidence of reminiscence bump. Could be due to developing self & life story?
Looking back across the life span: a life story account of the reminiscence bump. Gluck & Bluck (2007)	Empirical study (sample size=659)	<i>Emerging adulthood - e. reminiscence bump</i>	Supports this area of model – evidence of reminiscence bump. Could be due to developing self & life story?

## **Appendix 4:**

### **Background & Demographics Form**

## **Background & Demographics Form**

**To be completed with information from file reviews.**

Age

Gender

Ethnicity

Age at entry into foster care

Total time in foster care

Age when entered current foster placement

Time in current foster placement

No of previous placements

**Appendix 5:**  
**Inventory of Parent & Peer Attachment (IPPA)**









**Appendix 6:**  
**IPPA Scoring Criteria**

## INVENTORY OF PARENT AND PEER ATTACHMENT (IPPA)

### SCORING INSTRUCTIONS

#### *Calculation of Total Parent and Peer Attachment Scores*

*Separate Parent Attachment and Peer Attachment summary scores are obtained by reverse-scoring items as listed below. It is necessary to also reverse score all Alienation subscale items.*

#### *Subscale Scoring (see Table below)*

*The IPPA has three Parent and Peer subscales.*

*Subscale scores are computed by summing the item responses. Responses to negatively worded items must be reverse-scored before calculations.*

Parent Subscales	Directly-scored Items	Reverse-scored Items
<b>Trust</b> (10 items)	1 2 4 13 14 21 23 24	3 10
<b>Communication</b> (10 items)	6 8 16 17 20 26 28	5 7 15
<b>Alienation</b> (8 items)	9 11 12 18 19 22 25 27	--- -
<b>Peer Subscales</b>		
<b>Trust</b> (10 items)	6 8 12 13 14 15 19 20 21	5
<b>Communication</b> (8 items)	1 2 3 7 16 17 24 25	--- -
<b>Alienation</b> (7 items)	4 9 10 11 18 22 23	--- -

## **Appendix 7:**

### **Resiliency Scale for Children & Adolescents**

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

1. Life is fair.	Never	Rarely	Sometimes	Often
2. I can make good things happen.	Never	Rarely	Sometimes	Often
3. I can get the things I need.	Never	Rarely	Sometimes	Often
4. I can control what happens to me.	Never	Rarely	Sometimes	Often
5. I do things well.	Never	Rarely	Sometimes	Often
6. I am good at fixing things.	Never	Rarely	Sometimes	Often
7. I am good at figuring things out.	Never	Rarely	Sometimes	Often
8. I make good decisions.	Never	Rarely	Sometimes	Often
9. I can adjust when plans change.	Never	Rarely	Sometimes	Often
10. I can get past problems in my way.	Never	Rarely	Sometimes	Often
11. If I have a problem, I can solve it.	Never	Rarely	Sometimes	Often
12. If I try hard, it makes a difference.	Never	Rarely	Sometimes	Often
13. If at first I don't succeed, I will keep on trying.	Never	Rarely	Sometimes	Often
14. I can think of more than one way to solve a problem.	Never	Rarely	Sometimes	Often
15. I can learn from my mistakes.	Never	Rarely	Sometimes	Often
16. I can ask for help when I need to.	Never	Rarely	Sometimes	Often
17. I can let others help me when I need to.	Never	Rarely	Sometimes	Often
18. Good things will happen to me.	Never	Rarely	Sometimes	Often
19. My life will be happy.	Never	Rarely	Sometimes	Often
20. No matter what happens, things will be all right.	Never	Rarely	Sometimes	Often

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely, Sometimes, Often, or Almost Always) that tells about you best. **THERE ARE NO RIGHT OR WRONG ANSWERS.**

1. It is easy for me to get upset.	Never	Rarely	Som etim es	Often
2. People say that I am easy to upset.	Never	Rarely	Som etim es	Often
3. I strike back when someone upsets me.	Never	Rarely	Som etim es	Often
4. I get very upset when things don't go my way.	Never	Rarely	Som etim es	Often
5. I get very upset when people don't like me.	Never	Rarely	Som etim es	Often
6. I can get so upset that I can't stand how I feel.	Never	Rarely	Som etim es	Often
7. I get so upset that I lose control.	Never	Rarely	Som etim es	Often
8. When I get upset, I don't think clearly.	Never	Rarely	Som etim es	Often
9. When I get upset, I react without thinking.	Never	Rarely	Som etim es	Often
10. When I get upset, I stay upset for about one hour.	Never	Rarely	Som etim es	Often
11. When I get upset, I stay upset for several hours.	Never	Rarely	Som etim es	Often
12. When I get upset, I stay upset for the whole day.	Never	Rarely	Som etim es	Often
13. When I get upset, I stay upset for several days.	Never	Rarely	Som etim es	Often
14. When I am upset, I make mistakes.	Never	Rarely	Som etim es	Often
15. When I am upset, I do the wrong thing.	Never	Rarely	Som etim es	Often
16. When I am upset, I get into trouble.	Never	Rarely	Som etim es	Often
17. When I am upset, I do things that I later feel bad about.	Never	Rarely	Som etim es	Often
18. When I am upset, I hurt myself.	Never	Rarely	Som etim es	Often
19. When I am upset, I hurt someone.	Never	Rarely	Som etim es	Often
20. When I am upset, I get mixed-up.	Never	Rarely	Som etim es	Often

Here is a list of things that happen to people and that people think, feel, or do. Read each sentence carefully, and circle the one answer (Never, Rarely,



Sometimes, Often, or Almost Always) that tells about you best. **THERE ARE NO RIGHT OR WRONG ANSWERS.**

1. I can meet new people easily.	Never	Rarely	Som etim es	Often
2. I can make friends easily.	Never	Rarely	Som etim es	Often
3. People like me.	Never	Rarely	Som etim es	Often
4. I feel calm with people.	Never	Rarely	Som etim es	Often
5. I have a good friend.	Never	Rarely	Som etim es	Often
6. I like people.	Never	Rarely	Som etim es	Often
7. I spend time with my friends.	Never	Rarely	Som etim es	Often
8. Other people treat me well.	Never	Rarely	Som etim es	Often
9. I can trust others.	Never	Rarely	Som etim es	Often
10. I can let others see my real feelings.	Never	Rarely	Som etim es	Often
11. I can calmly tell others that I don't agree with them.	Never	Rarely	Som etim es	Often
12. I can make up with friends after a fight.	Never	Rarely	Som etim es	Often
13. I can forgive my parent(s) if they upset me.	Never	Rarely	Som etim es	Often
14. If people let me down, I can forgive them.	Never	Rarely	Som etim es	Often
15. I can depend on people to treat me fairly.	Never	Rarely	Som etim es	Often
16. I can depend on those closest to me to do the right thing.	Never	Rarely	Som etim es	Often
17. I can calmly tell a friend if he or she does something that hurts me.	Never	Rarely	Som etim es	Often
18. If something bad happens, I can ask my friends for help.	Never	Rarely	Som etim es	Often
19. If something bad happens, I can ask my parent(s) for help.	Never	Rarely	Som etim es	Often
20. There are people who will help me if something bad happens.	Never	Rarely	Som etim es	Often
21. If I get upset or angry, there is someone I can talk to.	Never	Rarely	Som etim es	Often
22. There are people who love and care about me.	Never	Rarely	Som etim es	Often
23. People know who I really am.	Never	Rarely	Som etim es	Often
24. People accept me for who I really am.	Never	Rarely	Som etim es	Often

## **Appendix 8:**

### **Hare Self-Esteem Scale**

**In the blank space provided, please write the letter of the answer that best describes how you feel about the sentence. These sentences are designed to find out how you generally feel when you are with other people your age, with your foster family, and also when you at school. There are no right or wrong answers.**

A = Strongly disagree  
B = Disagree  
C = Agree  
D = Strongly agree

- \_\_\_\_\_ 1. I have at least as many friends as other people my age.
- \_\_\_\_\_ 2. I am *not* as popular as other people my age.
- \_\_\_\_\_ 3. In the kinds of things that most people my age like to do, I am at least as good as most other people.
- \_\_\_\_\_ 4. People my age often pick on me.
- \_\_\_\_\_ 5. Other people think I am a lot of fun to be with.
- \_\_\_\_\_ 6. I usually keep to myself because I am *not* like other people my age.
- \_\_\_\_\_ 7. Other people wish that they were like me.
- \_\_\_\_\_ 8. I wish I were a different kind of person because I'd have more friends.
- \_\_\_\_\_ 9. If my group of friends decided to vote for leaders of their group I'd be elected to a high position.
- \_\_\_\_\_ 10. When things get tough, I am *not* a person that other people my age would turn to for help.
  
- \_\_\_\_\_ 11. My foster parents are proud of the kind of person I am
- \_\_\_\_\_ 12. No one pays much attention to me at my foster home.
- \_\_\_\_\_ 13. My foster parents feel that I can be depended on.
- \_\_\_\_\_ 14. I often feel that if they could, my foster parents would trade me in for another child.
- \_\_\_\_\_ 15. My foster parents try to understand me.
- \_\_\_\_\_ 16. My foster parents expect too much of me.
- \_\_\_\_\_ 17. I am an importance person to my foster family.
- \_\_\_\_\_ 18. I often feel unwanted at my foster home.
- \_\_\_\_\_ 19. My foster parents believe that I will be a success in the future.
- \_\_\_\_\_ 20. I often wish that I had been born into another family.

- \_\_\_\_\_ 21. My teachers expect too much of me.
- \_\_\_\_\_ 22. In the kinds of things we do in school, I am at least as good as other people in my classes.
- \_\_\_\_\_ 23. I often feel worthless in school.
- \_\_\_\_\_ 24. I am usually proud of my school report.
- \_\_\_\_\_ 25. School is harder for me than most other people.
- \_\_\_\_\_ 26. My teachers are usually happy with the kind of work I do.
- \_\_\_\_\_ 27. Most of my teachers do *not* understand me.
- \_\_\_\_\_ 28. I am an important person in my classes.
- \_\_\_\_\_ 29. It seems that no matter how hard I try, I never get the grades I deserve.
- \_\_\_\_\_ 30. All and all, I feel I've been very fortunate to have had the kinds of teachers I've had since I started school.

## **Appendix 9:**

### **Strengths & Difficulties Questionnaire (SDQ)**



## **Appendix 10:**

### **SDQ Scoring Sheet**







## **Appendix 11:**

### **Every Child Matters Outcome Framework (ECM)**

### BEING HEALTHY

Is the young person healthier than or at least as healthy as, before the last review?

TOTAL YES ....3

Aspect	Yes / No / Not enough information	Examples	Examples
<b>Medical Care</b> Is the young person healthier than or at least as healthy as, before the last review?		<ul style="list-style-type: none"> <li>• Going to GP</li> <li>• Medication</li> </ul>	Appropriate weight for age and height Maintains reasonable personal hygiene Can use any necessary aids/adaptations most of the time without prompting (glasses, hearing aid etc.) Takes any prescribed medications most of the time without prompting
<b>Self Care</b> Is the young person healthier than or at least as healthy as before the last review?		<ul style="list-style-type: none"> <li>• Self management of medical routines</li> <li>• Development of self care skills</li> <li>• Dignity and privacy</li> <li>• Health routine</li> </ul>	Goes to bed and gets up on time with reasonable support Understands and manages contraception appropriately
<b>Well being and relationship</b> Is the young person healthier than or at least as healthy as, before the last review		<ul style="list-style-type: none"> <li>• Healthy living – diet/exercise</li> <li>• Friendships</li> <li>• Someone to talk to</li> <li>• Fun activities</li> <li>• Culturally sensitive lifestyle</li> </ul>	Uses alcohol responsibly Reduces or abstains from smoking Abstains from solvent and drug use

## STAYING SAFE

Is the young person safer than, or at least as safe as, or before the last review?

TOTAL YES..... / 3

Aspect	Yes / No / Not enough information	Examples	Prompts
<b>Self preservation</b> Is the young person safer than, or at least as safe as, or before the last review?		<ul style="list-style-type: none"> <li>• Self awareness</li> <li>• Health, safety and protection</li> <li>• Someone to ask for help</li> <li>• Personal, social and health education</li> <li>• Self-responsibility for health and safety</li> </ul>	The young person does not get involved in criminal activity The young person can accept boundaries and instructions that are in place to protect them The young person can and does use the complaints procedure appropriately The young person reports bullying issues to an appropriate person
<b>Safety with others</b> Is the young person safer than, or at least as safe as, or before the last review?		<ul style="list-style-type: none"> <li>• Feeling safe</li> <li>• Someone to talk to about others</li> <li>• Bullying</li> <li>• Health and safety of others</li> <li>• Child Protection &amp; risk assessment</li> </ul>	The young person show signs of settling into the placement The young person doesn't behave in an anti-social manner The young person doesn't discriminate against other people The young person doesn't attempt to harm themselves or others The young person isn't abusive, threatening or intimidating to adults or others The young person reads their files, corrects errors and adds personal statements
<b>Safety in the environment</b> Is the young person safer than, or at least as safe as, or before the		<ul style="list-style-type: none"> <li>• Risks and dangers</li> <li>• Health and safety in placement</li> <li>• Out in the community</li> <li>• Individual behaviour plan / safety plan where appropriate</li> </ul>	Reduce or abstain from absconding The young person can deal with difficulties and frustrations effectively The young person understands and reduces their vulnerability to maltreatment, violence or sexual exploitation

last review?

## ENJOYING AND ACHIEVING

Is the young person enjoying life and achieving more than or at least as much as before the last review?

TOTAL YES ...../ 3

Aspect	Yes / No / Not enough information	Examples	Prompts
<b>Fulfilling aspirations and needs</b> Is the young person enjoying life and achieving more or at least as much as before the last review?		<ul style="list-style-type: none"> <li>• Expression of personal aspirations</li> <li>• Doing favourite activities</li> <li>• Making choices</li> <li>• Having own needs met</li> <li>• Doing things independently/with support</li> <li>• Celebration of success</li> <li>• Satisfactory attendance for particular individuals</li> </ul>	The young person builds positive relationships The young person accesses additional educational resources The young person attends school/college/education/training The young person engages in education and is expected to achieve appropriate educational and vocational qualifications The young person takes part in their PEP meetings
<b>Attainment</b> Is the young person enjoying life and achieving more or at least as much as before the last review?		<ul style="list-style-type: none"> <li>• Personal growth milestones achieved</li> <li>• National curriculum level attained</li> <li>• Examinations attained</li> <li>• Other educational attainments</li> </ul>	The young person attempts to achieve targets set in their PEP The young person participates in planning for and engaging in leisure activities
<b>Achievement</b> Is the young person enjoying life and achieving more or at least as much as before the last review?		<ul style="list-style-type: none"> <li>• Personal achievements related to all aspects of life e.g. physical, emotional, leisure</li> <li>• Awards for achievements</li> <li>• Access to recreational activities</li> <li>• Access to community resources</li> </ul>	The young person takes part in cultural and sporting activities The young person takes part in extra curricular activities The young person's attainment is in line with their abilities

			The young person has individual goals and ambitions
<p align="center"><b>MAKING A POSITIVE CONTRIBUTION</b></p> <p>Is the young person making a greater positive contribution, or at least as much as before the last review?</p> <p align="center">TOTAL YES ..... / 3</p>			

Aspect	Yes / No / Not enough information	Examples	Prompts
<b>Rights and citizenship</b> Is the young person making a greater positive contribution, or at least as much as before the last review?		<ul style="list-style-type: none"> <li>• Human rights</li> <li>• Having a say and being listened to</li> <li>• Dignity being respected</li> <li>• Personal and private space</li> <li>• Home and culture values</li> </ul>	The young person accesses local amenities The young person interacts appropriately with peers and Adults The young person is aware of racial, social, cultural and spiritual issues The young person takes a lead in developing care or pathway plans
<b>Responsibilities</b> Is the young person making a greater positive contribution, or at least as much as before the last review?		<ul style="list-style-type: none"> <li>• Carrying out responsibilities</li> <li>• Caring for the environment</li> <li>• Helping others</li> </ul>	The young person participates positively in review, planning meeting, house meetings etc. The young person has positive contact with significant adults/peers/siblings etc. The young person attends and plays an active role in education, in particular Personal Development Studies The young person is able to accept changes in staff
<b>Roles and relationships</b> Is the young person making a greater positive contribution, or at least as much as		<ul style="list-style-type: none"> <li>• Speaking up for others</li> <li>• Respecting others' opinions</li> <li>• Fulfilling roles in placement/community</li> <li>• Being part of a team</li> </ul>	The young person advocates for others The young person does not bully or discriminate against others

before the last review?			
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## ACHIEVING ECONOMIC WELLBEING

Is the young person overcoming socio-economic disadvantages to achieve their full potential better than or at least as well as before the last review?

TOTAL YES ..... / 3

Aspect	Yes / No / Not enough information	Examples	Prompts for professionals
<b>Equity in resources and activities</b> Is the young person overcoming socio-economic disadvantages to achieve their full potential better than or at least as well as before the last review?		<ul style="list-style-type: none"> <li>• Personal resources and equipment e.g. wheelchairs/computers</li> <li>• Access to communal resources and equipment e.g. sport/leisure</li> <li>• Activities in the community</li> <li>• Benefits</li> <li>• Pocket money</li> <li>• Fair share of funding</li> </ul>	The young person can be of smart appearance and be punctual The young person has a network of support for i.e. family, friends, carers, advocates The young person takes part in social activities The young person accesses careers service
<b>Preparation for adult life</b> Is the young person overcoming socio-economic disadvantages to achieve their full potential better than or at least as well as before the last review?		<ul style="list-style-type: none"> <li>• Handling money / understanding benefits</li> <li>• Work experience</li> <li>• Post-school placement</li> <li>• Transition plan</li> <li>• Family involvement in transition</li> <li>• Acquiring basic skills and life skills</li> </ul>	The young person has job seeking skills for i.e. can complete a job application form, can deal with interviews The young person has practical and social and emotional skills which are age appropriate for i.e. is financially literate, can access public transport, can prepare and cook a healthy diet, can communicate effectively with others
<b>Self-determination and confidence</b> Is the young person overcoming socio-economic disadvantages to achieve their full potential better than or at least as well as before the last review?		<ul style="list-style-type: none"> <li>• Self-determination at key points of life</li> <li>• Self confidence in the placement</li> <li>• Confidence in the community</li> <li>• Knowing when to seek support</li> <li>• Acquiring basic skills</li> </ul>	The young person accepts support from family members. The young person has a positive attitude to education/ employment/ training The young person plays an active role in planning for their future.



## **Appendix 12:**

### **Ethics Letter**

**Appendix 13:**

**Information Sheet**

## Young people

# Exploring your involvement in Foster Placement success



We would like to ask for your help in understanding more about what makes Foster Placements successful for young people.

### Why is this study being done?

Successful Foster Placements provide stable and positive outcomes for young people. Such placements can help young people achieve more at school, and lead to less behaviour problems.

This study wants to identify what helps placements go well and how young people play a part in this.

### What are the benefits of taking part?

We hope this study can help improve future Foster Care and training, and therefore lead to better outcomes for young people in Foster Care.

By taking part you will also be entered into a prize draw; where you could win a **New Generation IPOD Shuffle** that holds up to 1,000 songs.

### Why am I being asked to take part?

You were identified by Children's Services as a young person in Foster Care and we thought that you might be interested in taking part in this study.

### What will I be asked to do?

The research will involve you completing a questionnaire pack that asks questions to do with how you get on with your Foster Carer, how you feel you cope in different situations, how you feel about yourself, and how you get on with others.

You can complete this questionnaire pack either by yourself at home or with a researcher, and it should take no longer than 30 minutes to complete.

If you would like to take part we would also need to look at your Foster Care Records and Reviews so we can see how your placement is going.

### Do I have to take part?

No, you do not have to take part. If you choose not to this will not affect any services that you receive.

If you do decide to take part you can withdraw from the study at any time before the study is written up and published. You can withdraw by contacting me using the details below, or asking your Foster Carer or Social Worker to contact me.

#### What do I do if I want to take part?

If you would like to take part please complete the attached consent form.

You can complete the questionnaires now on your own and return these together with the completed consent form in the free post envelope provided.

Alternatively if you would like to complete the questionnaires with a researcher please either indicate this on the consent form and leave your contact details in the place provided, before posting it back in the envelope, or email me using the email address below.

#### Will all information be kept confidential?

All information you complete will be kept confidential and only be seen by the researcher. The questionnaires you complete will be given a code rather than have your name on it, and these together with the consent forms will be kept in a locked cabinet.

#### What are the possible disadvantages and risks of taking part?

The questions in the questionnaire pack are not likely to upset you, however if they do you are able to stop filling in the questionnaire pack immediately and withdraw from the study.

If you do find any question distressing your Social Worker can put you in contact with a local Clinical Psychologist.

#### What happened when the research stops?

We will send you a summary of the overall findings of the study, none of these findings will contain your individual details, but what we found from young people in care as a whole. Findings will also be published in the Fostering Newsletter and may also be published in a journal.

If you have any questions or queries about the study at all, please feel free to contact me on the details below:

Laura Hemmings Trainee

School of Psychology  
University of Birmingham,  
Edgbaston,

Birmingham B15 2TT

**Thank you for your help**

## **Appendix 14:**

### **Consent form**

## CONSENT FORM

Adolescents in Foster Care: exploring their involvement in Placement Success.

**Name of Researcher: Laura Hemmings**

**Name of Project Supervisor: Dr Helen Rostill**

Consultant Clinical Psychologist – Dudley PCT  
Senior Academic Tutor – The University of  
Birmingham

**Name of young person:**

**Date of birth:**

**Name of Foster Carer:**

**Name of Social Worker:**

**To be completed by the named young person – please tick boxes below**

I have read and understood the information sheet regarding this study ☐

I agree to take part in the study ☐

I understand that I can withdraw from this study at any time up to the point of publication, and I do not have to give any reason for my withdrawal. ☐

I understand that the questionnaires I complete will be stored safely and that any information that identifies me, such as my name, will be coded. ☐

I agree to my Foster Care records and Looked after Child Review minutes being looked at by the researcher. I understand that any data that identifies me, such as my name, will be coded and stored safely. ☐

**Print name**

**Signature**

**Date**

.....

Please indicate below if you would like to complete the questionnaire pack with a researcher

I would like to complete the questionnaire pack with the researcher ☐

Please provide contact details below so the researcher can arrange this with you

Email .....And/or telephone number .....

## **Appendix 15:**

### **Debriefing form**

## **Thank you for taking part in this study**

I hope you found your involvement in this study to be pleasant.

If you have any queries, questions or concerns regarding the study, please do not hesitate to contact me on the below contact details.

If you have any immediate concerns regarding the study, or at feeling at all distressed please contact your Social Worker straight away.

Your Social Worker will be able to put you in contact with local services if you feel you need to talk to someone about how you are feeling.

Contact details:

Name: Laura Hemmings  
Trainee Clinical Psychologist

Address: School of Psychology  
University of Birmingham,  
Edgbaston,  
Birmingham  
B15 2TT

Email: 

Additionally the list below contains contact details of confidential organisations that offer children and young people advice and support over the phone or via the Internet.

## **Important phone numbers/websites**

ChildLine 0800 1111 [www.childline.org.uk](http://www.childline.org.uk)

If you feel you need to talk to someone, or need advice and support.

Some of the things that people phone about are feeling lonely or unloved, worries about their future, problems about school, bullying, drugs, pregnancy, HIV and AIDS, physical and sexual abuse, running away and concerns about parents, brothers, sisters and friends, and crimes against them.

YoungMinds [www.youngminds.org.uk](http://www.youngminds.org.uk)

YoungMinds offers children and young people information about mental health and emotional well-being.

Get Connected 0808 808 4994 [www.getconnected.org.uk](http://www.getconnected.org.uk)

Free confidential help for young people

Samaritans 08457 90 90 90 [www.samaritans.org.uk](http://www.samaritans.org.uk)



## **Appendix 16:**

### **Kolmogorov-Smirnov analyses**

## One-Sample Kolmogorov-Smirnov Test

[illegible]

## **Appendix 17:**

### **Correlation Matrix for SDQ Total Difficulties**

### Correlation Matrix between Total Difficulties & ECM

	ECM Total	Healthy	Safe	Enjoying	Positive	Economic
Total Diffs	-.207	-.242	-.212	-.039	-.187	-.206
Emotion	.120	.050	.022	.155	.085	.068
Conduct	-.166	-.148	-.189	-.066	-.181	-.202
Hyper	<b>-.325*</b>	-.262	-.196	-.155	-.215	-.192
Peer	-.150	-.252	-.190	-.010	-.190	-.253

\*. Correlation is significant at the 0.05 level (2-tailed)